To Prof. W. D. Halliburton
with the Compliments
of Isaac Ott
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A TEXT-BOOK

OF

PHYSIOLOGY

OTT

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BY

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WITH 137 ILLUSTRATIONS

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PREFACE.

THIS book has been written at the solicitation of students who have attended my lectures for the past eight years. The aim has not been to write a treatise on the subject, but rather an elementary work containing the chief facts of physiology which are necessary to the student who wishes to apply them in the practice of his profession. Physiology is the basis of medicine, and its understanding is requisite to the study of pathology. With this idea in mind, small space has been given to the subject of electro-physiology. The technique of the laboratory has been omitted for similar reasons. In the preparation of this book it was found impossible to give due credit to all the sources from which information has been derived.

The illustrations have been selected from various authorities, to whom credit has been given.

ISAAC OTT.

APRIL, 1904.

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CHAPTER I.

THE CELL.

Observation and experience tell us that all tangible or material things about us are either dead or alive; that is, matter is either lifeless or living.

The conception of life in its simplicity is limited to a few elementary phenomena, as *nutrition, evolution, reproduction, sensibility,* and *motion.* These properties taken together distinguish the living from every form of lifeless substance. Combinations of these simple, elementary phenomena give us every complex occupation of our present life. If the study of life is the study of these elementary phenomena, it is necessary that our working force be brought to their seat and home—the cell.

Everywhere there is a sharp line or division between living and lifeless matters, although the two are frequently so closely allied that first observations seem to show *no* distinctions. This is particularly true of those things that are not seen with the naked eye—microscopical things. When one's attention is brought to such materials as quartz, iron, the earthworm, or the dog, the distinction is very evident. On the other hand, long and tireless observation and investigation are required to determine whether some of the bodies found in water are dead or alive. And although so closely associated, scientists have found that living substance never comes of its own accord from the lifeless, but only through the influence of some other living matter. For example, no vegetation springs up from the soil until the seed (a form of dormant life) becomes buried in it; no colony appears for the bacteriologist on the sterilized medium until the surface is impregnated with the germ.

Although the sharp distinction exists, nevertheless the two materials are very closely associated, as is shown by a little observation. Plants and animals are kept alive and nourished by the food they consume, which consists, in the main, of lifeless matter. While in the body it seems to be transformed, as it were, to a living state, as it forms part of the body. After it has served the needs of the economy of the plant or animal it dies, and is gotten rid of as waste-matter.

A living plant or animal is like a fountain *into* which and *out of* which material is constantly passing, but the fountain maintains its form and general appearance. Huxley's simile of a whirlpool in a stream is very striking. The pool remains the same in the stream, but water enters it, being part of it as it is being whirled around, and then as it passes out gives place for other water. The pool retains its identity all the while that its elements are being changed.

The contrast between living matter and lifeless matter forms the basis of the separation of the natural sciences into two divisions: the *biological* and *physical* sciences, biology dealing with living and physics with lifeless matter.

Biology is the science that treats of living things, whether animal or vegetable, normal or abnormal. It deals with the forms, structures, and origin, together with the functions and activities of the whole animal or plant or its various parts. In fact, its scope is so wide and comprehensive that it becomes necessary to divide it into two branches: *morphology* and *physiology*.

Morphology is that part of the science that deals with the form and structure of living things, together with their arrangements.

Physiology is the science that treats of the functions or work of the various parts of the living organism and what each one does toward the economy of the whole. For instance, the study of the form, growth, and development of the different parts of the brain, beginning with the lamper-eel, then the higher fishes, birds, and mammals, belongs to the science of morphology. By the comparisons we see that in the lamper there is merely the semblance of a brain in its crudest form, showing no development as compared with the brain of the higher fishes and birds. In them we notice a stronger development in one department—the optic lobes. The cerebral portion is very weak. In mammals the reverse is true, and reaches its most striking size in man, in whom the cerebral portions are extremely large and well developed and the optic lobes relatively very small.

The study of the functions, for instance, of the heart and kidneys belongs to the science of physiology; how the heart by its alternate contractions and relaxations forces the blood through the circulatory system to the peripheral parts of the body for its sustenance and nutrition and to the lungs for its purification by the elimination of the carbonic acid and the absorption of the oxygen; how the kidneys by means of their mass of tubes and cells take from the blood those parts that are no longer of any use and fit only to be expelled from the body. When physiology is applied to man it is called human physiology, for

the understanding of the funetions of ourselves is the great and ultimate end and aim of all physiologieal studies. Morphology and physiology are treated as though they were absolutely distinet sciences, yet they are so closely related that the division is made only for convenienee.

Morphology includes in its category sueh subdivisions as *anatomy, histology,* and *embryology.*

Anatomy is the scienee that treats of the situation, form, and structure of the various parts of the organism. Anatomy from its root keeps in mind the idea of cutting or disseetion, and as commonly used at the present time deals with the grosser work done upon the more common and apparent structures of the body with sealpel and foreeps. When we deseribe in all their detail the different organs of the body and the position of the organs to one another we call it descriptive anatomy.

Contrasted with anatomy is *histology,* sometimes called mieroseopieal anatomy. Histology is the scienee that deals with the intimate structure of the various tissues of an organism. It takes up the work where anatomy stops, as it brings to its aid the mieroscope and so can delve down deeper and deeper until it gives us knowledge of the component parts of the various organs. Histology is a tissue-study. Its division from anatomy is only one for convenience, and is not absolute.

Embryology is the scicnee of the development of the adult from the ovum or germ. It gives a history from the moment of impregnation of the ovum, through the various stages of development until the adult is reached. Its field is more closely assoeiated with morphology than physiology.

Living things are usually found in separate masses whieh have peculiarities and structures of their own which give to them the name "organisms." This is true equally of the large masses, as the elephant or whale, as of the small bodies found in water or the bacteria of disease. The struetures of the latter have as yet not all been diseovered and dissected, as it were, sinee the microseope is not powerful enough and our supply of reagents not adequate enough to lay bare all of their properties and forms.

When we examine some of the contrivanees found in the meehanical world, sueh as a watch or machine, they at first sight appear to us, as regards their identity, single individual units; that is, one watch or one machine, each eapable of doing its own peeuliar work. Upon closer investigation we perceive that eaeh is eomposed of a variety of

individual parts, each of which has its own peculiar share of the work to do and bears an essential relation to the working of the whole. In the watch, the springs, pinions, levers, and numerous little wheels all bear certain relations to one another and assist in the running of the watch.

Similarly we find that it is characteristic of any living body or organism—say, a dog or a rose—that it should be made up of a number of different and distinct parts which are so constructed that they may assist in the life of the whole organism. The animal has a head, trunk, limbs, eyes, ears, etc., externally; heart, lungs, liver, stomach, intestines, brain, etc., internally. To these parts the name *organs* has been applied. Thus, the organism is composed of distinct parts called organs. The division of the body into organs is purely artificial.

An *organ* is a particular part of the organism that has a certain specified work to do. For example, the liver is a certain structure found in a particular situation in the animal and which has assigned as its share of the work of the general economy the manufacture of the bile to aid digestion. So, also, the eye and the stomach are organs. They are particular parts of the organism concerned in particular work; the eye in sight, or vision; the stomach in digestion.

The work which any organ does is called its *function.* Since the appearance and structure of the various organs of a living body are so varied, we do not expect, therefore, that their functions are any more the same than the functions of the watch and locomotive. Thus, the function of the heart is to pump the blood to all parts of the body, of the blood itself to carry nutritious food to all parts and at the same time carry away certain waste-products, of the kidneys to excrete waste-matters from the blood, the brain to have a general oversight and govern the functions of the whole organism, etc.

Anatomy is the forerunner of physiology and must pave the way for it. For how are we to study the functions of the various organs and their relations to one another unless we are acquainted with the structure, form, and position in the body of the various organs? Even while studying physiology anatomy must run hand in hand with it, particularly that modified form of anatomy—histology, or microscopical anatomy—which deals with the minute structures and their components—the cells.

We have learned that the various portions of the living body are called organs. As we know, each organ has its own particular work to do. By careful dissection, we find that an organ—a human arm, for

instance—is made up of a variety of substances called *tissues*. There are bone-tissues, cartilaginous tissues, muscle-tissues, nerve-tissues, etc., all different in structure, yet all bundled up in the member called the arm and essential to it to perform its various functions. The brain is composed of two distinct parts—the gray and white tissues. So, in like manner, any of the organs of the body may be resolved into various parts known as tissues.

Thus far anatomy has aided us in our analysis of the various parts of the body, for it has to deal with only the grosser and more coarse and obvious forms of the body. So for a long time physiology was the study of those large and more evident organs. Physiology could not go further until it had more exact and intimate knowledge of the organs. How can we gain correct knowledge of the working of any machine unless we first know and understand the construction of the parts of the machine?

Chemistry and physics teach us that matter is made up of simple forms, called *elements* and *molecules,* respectively. It is assumed that the units, ultimately, of these elements and molecules are definite, though exceedingly small, material particles. These particles are called *atoms*—the word meaning that the particles are unable to be divided without losing their identity. The atom of the chemist and the cell of the physiologist are the final divisions of matter. In the physical world it was found that all phenomena were due to the movements of these small particles—the atoms.

The fact that animals and plants, although very different externally, are made up of the same anatomical units was not brought to light until the invention of the microscope. These structural units were called *cells.* The theory that organisms were made up of cells was suggested by the study of plant-structure. At the end of the seventeenth century scientists, by means of their low-power microscopes, discovered in plants small, roomlike spaces, provided with firm walls and filled with fluid. Because of their similarity to the large cells of the honeycomb these small structures received the name of *cells.* To their minds, however, the principal feature seemed to be the firm walls. By study they found that the cell absorbed nutrient material, assimilated it, and produced new material. Although plants were composed of a mass of cells or even a single cell, it was found that each cell was an isolated whole; that it nourished itself and built itself up. The cell-theory was also applied to animal tissues. By its use it was found that many of the tissues were formed also of cells and that these cells appeared to be of similar construction to those in plant

life. Thus we find that every tissue is composed of minute parts known as cells and which in a particular tissue are nearly or quite similar. For instance, in examining a muscular fiber we find that it is composed of very small, ribbonlike units called muscle-cells. Although differing somewhat in size and development, yet they are otherwise similar. That is, muscular tissue is composed of muscular units, or cells. Cartilage is composed of oystershell-shaped cells; mucous-membrane cells are gobletlike, and secrete, or give off, mucus. Even though these cells are self-supporting and grow and form other cells, in the higher animals they are grouped and held together by means of a kind of cement, spoken of as "intercellular material."

Hence a tissue may be defined as a group of similar cells having a similar function. Tissues are different only because they are com-

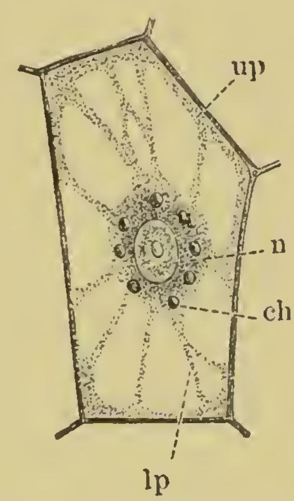

Fig. 1.—Vegetable Cell. (DUVAL.)
up, Cell-wall of cellulose. *n*, Nucleus. *ch*, Chlorophyll bodies.

posed of different kinds of cells having functions peculiar to themselves. An aggregation of cartilage- and muscle- cells give us, respectively, cartilage- and muscle- tissues.

As the result of this knowledge, physiology is beginning to develop from a science of the organ and its functions to that of the cell and its functions. But this is only natural as a form of development, since we first consider the greater and more active functions of the organs and then delve down deeper and deeper until we reach the functions of the cell.

Cells are characterized by the presence of the elementary functions or phenomena of nutrition, growth, reproduction, etc. If physiology has to deal with them, it can do it most successfully by studying them in their seat—the *cell.*

The vegetable cell is known from the animal cell by the presence of cellulose.

The cell of the vegetable kingdom takes in oxygen and gives off carbonic acid, as we do, but the action of the sun's rays upon the chlorophyll causes it to break up the carbon, fix it in the tissues, and give off oxygen. This fixation of carbon overshadows in daylight the ordinary respiration of the plant, which goes on both by day and by night. Yeast-cells break up sugar into alcohol and carbonic acid. Besides this action they have in them a ferment, invertin, which changes cane-sugar into invert-sugar, which is a mixture of dextrose and lævulose.

CELLS.

We have learned that the higher forms of life, whether plants or animals, may be resolved into a vast number of very small, structural units, called *cells*. The skin, muscles, bone, brain, etc., appear to the naked eye to be composed of one kind of substance respectively. The microscope, however, has told us that each tissue is composed of colonies of units, held together by intercellular cement, and that the units or cells of a particular tissue are similar in structure and functions. For example, upon examination we find that muscular tissue is made up of ribbonlike fibers, similar in appearance and structure and all engaged in the same function—contraction. Thus, the cell is not only the unit of structure, but also of function, diseased or normal.

Animal cells are of various sizes. Although differing very much in shape and appearance in various parts of the body, nevertheless every cell consists of the following parts: (1) *protoplasm,* (2) *nucleus,* (3) *centrosomes,* and (4) various matters commonly called *"special cell-constituents."*

Max Schultze's definition of a cell, enlarged by later research, is: *"A mass of protoplasm containing a nucleus."*

The term *cell* as employed to-day is a misnomer, but from its constant use since the seventeenth century it has gained such a hold upon the minds of those engaged in the study of science that the attempt to supersede it with a more appropriate term has been unsuccessful. However, the idea that it originally conveyed has been modified somewhat. The term originated among the botanists of the seventeenth and eighteenth centuries, and was applied to chamberlike elements, separated from one another and containing a fluid. The characteristic and most important feature of them was the wall or

membrane, and in it were supposed to lie active properties of the cell. The liquid, originally called *plant-slime,* was named *protoplasm* by von Mohl, and was thought to be a waste-product.

That the wall or membrane was not of vital importance was clearly demonstrated by later researches. The study of the amœba and white blood-corpuscle, one-celled organisms, was the chief means. These organisms are capable of extending their bodies into processes —fine threads and networks—as they move about from place to place, taking up and giving off matter as they go. They possess all the elementary vital functions, and yet at no time do they possess a cell-membrane, showing that the protoplasm, not the membrane, was the

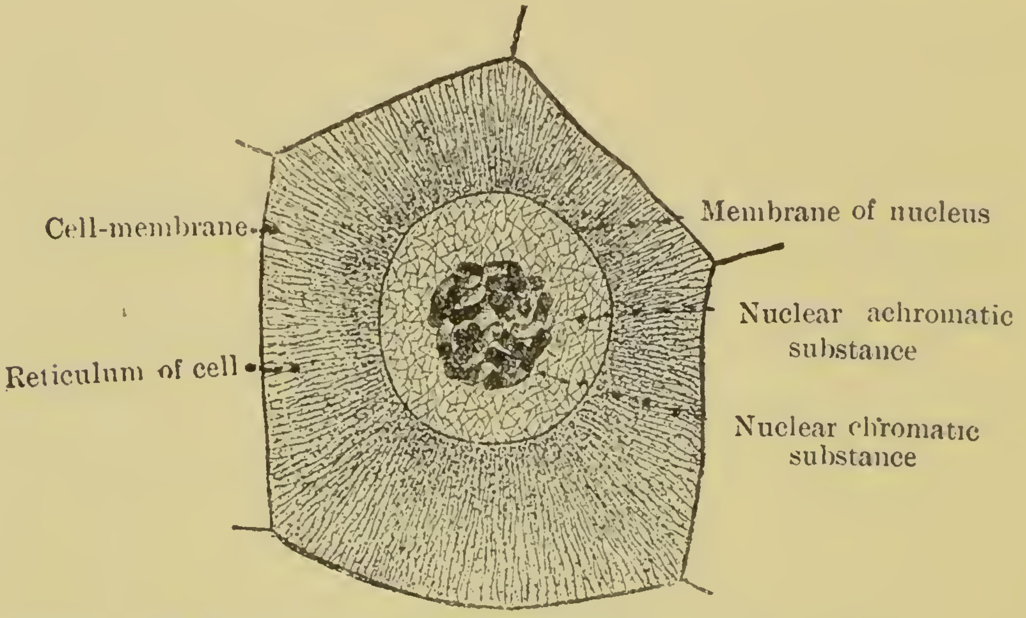

Fig. 2.—Cell with Reticulum of Protoplasm Radially Disposed. From Intestinal Epithelium of a Worm. (Carnoy.)

seat of the functions. An immense number of other unicellular organisms was examined, together with the development of other plants and animals, and many cells devoid of a membrane were found.

PROTOPLASM.

The protoplasm of unicellular organisms appears as a viscid substance, which is almost always colorless and will not mix readily with water. The name of protoplasm is constantly in the mouths of the physiologists, and it is difficult to give a rigid definition of the word, as it is used in so many different senses. Hence, we commonly describe protoplasm as a living substance surrounding a nucleus, which substance may or may not be limited by a cell-wall.

Its refractive power is greater than that of water and in it as a medium very delicate threading of protoplasm may be distinguished. It was formerly supposed to be composed of a homogeneous material, destitute of any structure and containing a number of minute granules of a solid nature.

Under the high powers of the microscope, when properly stained with reagents, it has been found that the protoplasm consists of two parts: (1) a fine network of fibers, like a sponge, called the *reticulum*, or *spongioplasm;* and (2) the more fluid portion in the meshes, called the *enchylema*, or *hyaloplasm*. However, it must be mentioned that the views concerning the structure of protoplasm are divided, several theories being offered. According to the first idea, the protoplasm forms the network, the nodal points of which appear as individual granules. It is very probable that many of the larger and more obvious of them are inert bodies, such as glycogen, mucin, fat-globules, albuminous substances, etc., suspended in the network. The glycogen granules are found in the liver-cells, the fat-globules in the cells of the lacteal glands, and the pigment-granules in the skin-cells of many colored animals. Sometimes in unicellular animals are found calcareous matters, although those most uniformly found are of the same general nature as the protoplasm. All these particles or granules are termed *microsomes*. Besides, there are occasionally found indigestible bodies, such as grains of sand, indigestible residue of foodstuffs and excretory substances, waiting to be expelled from the body.

Other substances found within the protoplasm and supposed to be of great importance to cell-life are drops of liquid—*vacuoles*, as they are commonly called.

Specific Gravity of Living Protoplasm.

Living protoplasm has the physical property of having a greater specific gravity than water. When cells of the most varied kinds are allowed to fall into water they sink to the bottom. In some cases the protoplasm contains a considerable quantity of fat; so that, although the substratum of protoplasm is heavier than water, the floating of the cell is due to the lighter specific gravity of the fat-particles overcoming the heavier specific gravity of the protoplasm.

The chemical composition of protoplasm (a living substance) can be obtained only after it has been killed. However paradoxical this may seem, it is found impossible to apply the methods of chemistry without killing it. Every reagent that comes in contact with it disturbs and changes it and eventually kills it. Thus, our ideas of the

chemical composition of living protoplasm are the ideas we get from the chemical composition of dead protoplasm.

The substances of which it is composed are:—

1. **Water.**—Water is that element in living substance that gives it its liquid nature, allowing its particles to move about with a certain degree of freedom. In the cell, water occurs, either chemically combined with other constituents or in the free state. Salts occur dissolved in the water. Protoplasm is semifluid, and about three-fourths of its weight is due to water. The molecules of protoplasm are thought to be separated from one another by layers of water.

2. **Proteids.**—The proteids take a very active and essential part in the functions of all cells. The proteids consist of the elements carbon, hydrogen, sulphur, nitrogen, and oxygen. Proteids occur both in the protoplasm and in the nucleus, but with this difference: that found in the nucleus has combined with it phosphoric acid, forming the so-called nucleins. To show this fact is very easy, for the nuclein of cells resists the action of digestion by the gastric juice. All kinds of cells in artificial gastric juice have their protoplasm digested and only the nuclei remain; that is, nuclein. If, now, this nucleus is treated with stains, it shows that the nuclear bodies consist of nuclein, while the protoplasm of the cell is constructed from other albuminous bodies.

Protoplasm is composed principally, then, of simple proteids and compound proteids that lack phosphorus. Our most common and typical type of an albuminous substance, or proteid, is the white of an egg. This contains 12 per cent. of actual proteid substance, the remainder being chiefly water. The albumins are the only bodies that can safely be said to be found in all cells. Although the albumins contain only five elements,—C, H, N, S, and O,—yet the number of their atoms often exceeds a thousand.

3. **Various Other Substances** occur in smaller proportions as *carbohydrates;* as glycogen in protoplasm of liver-cells; *fats,* seen in protoplasm as fats or oil-drops; and *simpler substances* which are the result of decomposition of the proteids or are concerned in its formation. Also, *inorganic salts,* such as phosphates, and chlorides of calcium, sodium, and potassium.

NUCLEUS.

From an examination of the protoplasm we pass on to the nucleus. As we have said before, "a cell is a mass of protoplasm containing a nucleus." Various properties and functions of an important nature

have been assigned to protoplasm, but it is found that the nucleus is equally as important. The classical experiments of the old observers upon protoplasm gave them the belief that the protoplasm was the embodiment of all the functions of life. To them the nucleus was unessential as regards the activities of life. The ruling power of the protoplasm was dismissed when it was found that the nucleus in reproduction of cells by division or impregnation underwent extraordinary changes, while the protoplasm remained passive and quiet. Within recent years there has set in a reaction, and the happy mean 'twixt the two extremes is now held to be correct: the two are of equal importance.

By extended research and with staining reagents such as carmin, hæmatoxylin, etc., a distinct nucleus was found imbedded in the protoplasm of most animal cells. For a long time, and until the microscope was greatly improved, two classes of organisms appeared to be the exceptions. They were: *monera,* the lowest and simplest organisms, and *bacteria.* Gradually the number of each class was reduced until at the present day it may safely be said that *every cell contains a distinct nucleus.* Every cell may thus be said to be characterized by *two* general cell-constituents, protoplasm, and at least one nucleus, sometimes more.

The *form* of the nucleus is different in various cells. Usually it is a round or oval body situated in the middle of the cell. Its rounded form is considerably expanded in young cells, as the ovaries in their evolution. Very frequently the form of the element influences that of the nucleus. Thus, in muscle- and nerve- cells the nucleus is generally elongated. In the lower organisms it sometimes assumes the shape of a horseshoe or a twisted strand, or is very much branched, the processes running out in every direction into the surrounding protoplasm.

The *size* of the nucleus is usually in proportion to the mass of protoplasm enveloping it. Thus, in the large ganglion-cells of the spinal cord the nuclei are correspondingly large. Also in cells engaged in active work the nuclei are generally of good size, as the secreting cells of the salivary and mucous glands.

As to the *number* of nuclei present in a cell the general condition seems to prevail of the presence of but one in a cell. There are exceptions, however, as liver-cells very frequently contain two, and the immense cells of bone-marrow many.

General Substance, or Structure.

The nucleus is no more of a homogeneous nature than the protoplasm and presents several distinct substances and structures. The different constituents that are known are not always present in all cells at all times or in the same proportions. Among some cells one element may be very conspicuous, while in some others it is scarcely to be found. According to Verworn, the following substances occur most constantly: (1) *nuclear sap,* (2) *achromatic nuclear substance,* (3) *chromatic nuclear substance,* and (4) the *nucleolus.*

The *nuclear sap* may be present in large or smaller quantities and is the liquid ground-substance which fills up the interstices left among the solid nuclear constituents. In many cells under the influence of certain reagents and even in life it is known to be of a very fine granular nature.

The *achromatic nuclear substance* is a structure of fine threads found in the nuclear sap and is characterized, as is also the latter, by not staining with the usual reagents: carmin, hæmatoxylin, etc. It contains achromatin.

The *chromatic nuclear substance,* as its name implies, has an affinity for coloring-matter in the form of different stains. It is usually in the form of a continuous network, but sometimes appears in small granules, or particles. It contains chromatin.

The *nucleolus,* if it appears at all, is found in the network of the nucleus as a rounded or irregularly shaped body. It contains paranuclein and has an especial affinity for color and stains more deeply than the network. The nucleoli are thought to be *passive* bodies that hold in reserve different constituents which are essential to the life of the nucleus.

Sometimes the nucleus is enveloped in a membrane, called the *nuclear membrane,* which marks it distinctly from the protoplasm. This, however, as with the *cell-membrane,* is not universal and is not classed as a general constituent of the nucleus. The sharpness of the contour which distinguishes the nucleus in the midst of protoplasm led many histologists firmly to believe that the nucleus always does possess a membrane. The truth is between the two extreme opinions. The nucleus can very readily exist without one.

A portion of a cell deprived of its nucleus may live for a time, but it evinces no activities or functions other than that of movement. It neither absorbs food nor grows or reproduces, but seems gradually to dwindle away and die. From this it is believed that the nucleus exer-

cises some powers with regard to the building up or constructive metamorphosis.

Regarded *chemically*, the nucleus is composed principally of proteid and a substance like proteid which contains as much as 10 per cent. of phosphorus. No doubt there are others, but even the most delicate chemical reagents kill the constituents and so lessen the opportunities for careful investigation.

CENTROSOME.

About twenty years ago, when nuclear cell-division was being investigated, a small body other than the nucleus was noticed during the division of the cell and which was called by various names: *polar corpuscle, central corpuscle,* or *centrosome.* The last name seems to be more generally used at the present time.

The *centrosome* in its simplest form is a body of extreme minuteness, frequently not larger than a microsome, but which exerts an active influence on the protoplasmic structure during cell-division.

Because of its influence in the cell it has aroused more interest among investigators than any other component of the cell. By some it is considered to be a part of the nucleus and by others of the protoplasm. As a rule, it lies in the protoplasm just outside of the nucleus, even during the resting stage, and in certain conditions of the cell is clearly indicated by a radiation of protoplasm, the fibers of which are arranged in the form of a star, the centrosome being at the center.

In *size* the centrosome ranges between that of the ordinary microsome and the smallest micro-organism. No structure has been as yet discovered in it. It cannot be classed as a general cell-constituent, since many forms of the cell and unicellular organisms have been examined and no centrosome found, due probably to the inadequacy of the microscope.

The centrosome does not absorb the ordinary stains suitable for the nucleus, but requires acid aniline dyes, as acid fuchsin and orange. By them it is colored vividly.

As a rule, there is one centrosome in a cell, lying close to the nucleus and surrounded by a raylike or rodlike structure of the protoplasm. As the cell prepares for division, the centrosome divides into two distinct parts, both lying passively within the starlike network. When the daughter-cells are examined each is found to possess one of the centrosomes, which, as the cell grows, passes through the same process as its antecedents. The centrosome is regarded as the particular organ of cell-division.

PROTOPLASMIC MOVEMENT.

The movements of protoplasm are movements in currents and the amœboid movement. In certain vegetable cells protoplasm moves and causes a true rotation of its substance, as in chara; or the movement may be in opposite direction and the paths even cross over each other. In this movement all parts of the protoplasm do not move with the same rapidity. The rate in protoplasm is about $^1/_{50}$ inch per minute.

Movements differ according to whether the protoplasm is *naked*—without any enveloping membrane—or *inclosed within a firm wall, or membrane.*

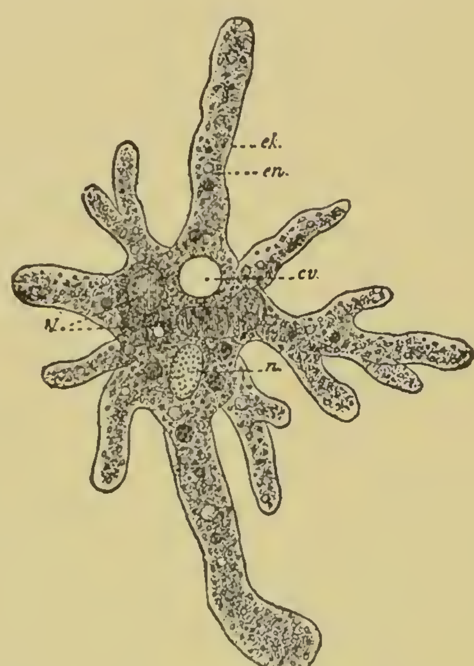

Fig. 3.—Amœba Proteus. (Leidy.)

n, Nucleus. *cv*, Contractile vacuole. *N*, Food-vacuoles. *en*, Endoplasm. *ek*, Ectoplasm.

1. Movement of the Naked Protoplasm.

Probably our most common and typical form of naked protoplasm is presented to us by the fresh-water *amœba,* found in stagnant water. The amœba is a unicellular organism, about $^1/_{1000}$ inch in diameter, possessing one or more nuclei, and which is almost continually in motion, due to its extending numerous protoplasmic projections, called *pseudopodia* (false feet). It then rolls its entire mass into the pseudopodium, or fingerlike projection, only to continue the same operation repeatedly during its life.

The pseudopodia assume different forms and shapes in the different kinds of cells, and in this way the identity of a cell is frequently

aided by an observation of the processes. For example, most of the fresh-water amœba possess broad, lobate or finger-shaped pseudopodia; leucocytes, white blood-eorpuseles, divided and pointed pseudopodia; some of the rhizopods and pigment-cells, threadlike and reticular pseudopodia which flow into one another.

In the human body some of the cells—such as white blood-corpuseles, lymph-corpuscles and eonnective-tissue cells—possess movements, which, beeause of their likeness to those of the amœba, are called *amœboid.*

2. Ciliary Movement.

There have been discovered eells and unicellular organisms whieh possess delicate, hairlike processes which extend in greater or less numbers from their surfaces. They are called *flagella,* or *cilia.* These resemble very thin pseudopodia when they are eomposed of hyaloplasm alone, as the eilia and flagella are homogeneous and nongranular in nature. However, they differ from pseudopodia in that their movements are very energetic and always definite, and also that, unlike pseudopodia, their struetures are not temporary, but permanent, being neither protruded nor withdrawn. The eiliary eells lining the traehea are subjeets for examination. The deep back part of the throat of a frog is gently seraped and the serapings placed upon a warm stage in a drop of water. When we examine the cells under the mieroseope we see upon their surfaee a constant rapid movement, but the movement is so rapid that we see only the motion, and not the vibrating eilia. If, however, the vibrations be lowered to about a dozen per second, we are then able to see the eilia themselves. Ciliary movements are of various kinds. Most often it is a movement of elevation and depression of the eilia; sometimes it is like the extension and flexion of our fingers, at other times a sort of wave or whirlpool-like movement. In these movements all the cilia on the surface move in the same direetion like a field of grain before the wind. Eaeh eompleted movement of the cilia is composed of two movements of unequal duration, the longer corresponding to eontraetion and the shorter to relaxation of the cilia. Ciliary movements may be of a high rapidity, as many as 960 to about 1000 per minute, and entirely independent of the eireulation and the nervous system. These movements are able to continue after death as long as a day, while in frogs they have been observed for many days.

Cilia are about $^1/_{3000}$ ineh in length and are able to perform some work. By their movements they are able to float a cell in a liquid,

such as water, even though the cell and the cilia are composed, in a great part, of protoplasm, whose specific gravity is heavier than water and naturally inclined to sink, and at the same time they propel the cell in some definite direction at a much faster speed than that obtained by the protrusion and retraction of pseudopodia. The function of the ciliated cells does not appear to be of any particular importance in man except that in the trachea their movements bring to the larynx foreign substances that have been inhaled into the lungs, such as dust, etc., and to bring up for expectoration the thickened mucus that is formed during the stages of a cold.

A practical illustration of the effects of the protoplasmic movements of leucocytes (white blood-corpuscles) can be observed when an injury occurs to any part of the body. As a result of the injury and as an attempt at repair, more blood is sent to the injured part. This, called congestion, gives to it its red color. With the additional quantity of blood comes an additional number of leucocytes. They by protoplasmic movements, pass through the walls of the capillaries to the seat of the injury to take up dead portions. Sometimes bacteria lodge in the wound, which the leucocytes approach and kill by ingestion, as it were, thus rendering them harmless. This process of ingesting bacteria and other foreign substances is called *phagocytosis,* and hence the leucocytes are sometimes termed *phagocytes.*

Chemotaxis is the phenomenon of a leucocyte in active movement, which by one-sided action of the chemical products of bacteria, as toxins, moves toward (positive) or away (negative) from the bacteria.

CELL-DIVISION.

We have learned that organs are composed of various structures, called tissues. A tissue may be defined as "a group of similar cells having a similar function." For example, muscular tissue is made up of ribbonlike muscle-cells; mucous tissue of secreting, goblet-shaped cells; nervous tissue of ganglion-cells, with their numerous projecting dendrons, etc.

By observation we notice a variety of tissues due to a diversity of kinds of cells; also that all tissues of a kind are not necessarily of the same bulk, size, or weight.

The chick shortly after its exit from the shell contains in its body a number of organs of a definite size and consistency. It has a head, limbs, muscles, heart, lungs, intestines, liver, etc. We see that these organs, of course, are of a size and weight in proportion to its

age—none of them large or heavy. Upon examination, the tissues of the various organs would be found to be composed of cells such as we would expect them to contain; that is, the muscles of muscle-cells, the bones of osseous cells, the brain of ganglion-cells, etc. Furthermore, although cells are of different sizes and forms, yet there is very little difference between the cells of a particular tissue as compared with one another or with those of the adult animal in respect to size, for the size of every cell is definite.

When we observe the same animal one year from its birth, we notice some striking differences: it is much larger and heavier, the various organs are fuller, more compact, and show the effects of the development which took place as it approached maturity. The head, brain, muscles, heart, lungs, intestines, etc., are all much larger and better developed than those found in the small chick. However, if a microscopical examination be made of the various tissues in this, the adult animal, what do we find and how do the cells compare with those of the chick? Nothing remarkable in the individual cells themselves. The liver-cells of the adult are no larger than those of the chick, nor the ganglion-, muscle-, or other cells. What we do perceive is a great increase in the *number* of the cells in any particular tissue. The liver and brain of the adult animal contain many more cells than the same respective organs of the chick. Thus we see that there has been a growth due, not to larger cells, but a greater *number* of cells. That is, the cells have multiplied.

Similarly, as the infant passes through the various stages of boyhood, youth, and manhood, we say that he grows, for there is an increase in the size and weight of the various organs of his body. This means that there is a greater number of cells composing the tissues of his various organs. The power to multiply—that is, producing new forms similar to itself—is one of the most important and characteristic functions of the cell. By this attribute it not only is able to maintain its own particular kind or species, but also can undergo constructive metamorphosis: building up or growing until any part or organ is matured.

A cell multiplies by dividing into two or more parts. Each part is, of course, smaller than the original or mother-cell, but by assimilating nutrient material from the surrounding tissues it grows until each part is the size of the mother-cell, when it also is ready for division, or reproduction.

No cell exists but that had its origin in some pre-existing cell. In animals whose tissues are composed of many cells those same tissues

can be traced back to single cells of which they are developments. The animal itself, with all its many and various parts and structures, originated from a single cell, the germ-cell, or ovum, which is also part of a cell having existed in the parent-body.

Schleiden, the botanist and accredited discoverer of the cell-theory among plants, and Schwann, to whom Schleiden confided his views and ideas of plant-structure and who then reduced animal tissues to their structural units, the cells, were anxious to know the origin of the cells. To them the presence of the nucleus was known and even the nucleolus, but their instruments were not powerful enough to allow of their penetrating deeper and getting the correct ideas of cell-division.

It was proved in 1858 that cells multiplied as a result of the division of the two equally essential parts of the cell, the nucleus and protoplasm. Our present conception that the two are of equal importance and value dates from this time. It was asserted that the division began within and proceeded to the outer parts of the cell. That is, the nucleolus was divided, its division was followed by separation of the nucleus, and this in turn followed by constriction and division of the protoplasm with its enveloping membrane. These views were confirmed by Virchow, who formulated the doctrine *"Omnis cellula e cellula"* (every cell from a cell).

Later it was discovered by the investigation of some of the tissue-cells that the process of division was not so simple as expected. In some cases it was found that the nucleus became star-shaped, or lobed, or even seemed to disappear altogether before cell-division. A few years later it was seen that the process of division was complicated in the extreme and that the cell-nucleus underwent a variety of transformations, assuming different shapes and figures until two daughter-cells were formed from the mother-cell. This process was afterward named *karyokinesis*.

By experiment it was demonstrated that, if a cell in a living organism or tissue was so divided that one of the parts was composed of protoplasm only, none of the nucleus being present, the protoplasmic part continued to live for a considerable time, but that, of the vital phenomena exhibited by the normal cell, it possessed only that of movement. It was unable to take up from the surrounding tissues a proper amount of nutrition and that growth and reproduction never occurred. After a time it died. Thus it was concerned only in destructive, not constructive, metamorphosis. It was totally unable to build itself up, grow, and reproduce others of its species. On the

other hand, the part containing the nucleus grew and reproduced its kind, forming daughter-cells, who in turn formed other cells, etc.

Thus, in order that the daughter-cells may possess the same properties, form, and functions of the mother-cell,—in fact, in order that it may *live*,—it becomes necessary in the division that both the nucleus and the protoplasm must divide. The disposition of any cell to divide or reproduce is usually announced by changes in its nucleus, both physical and chemical. In fact, the division of any cell is preceded by division of the nucleus. This process in the cells of most organisms is very complicated, whereas the division of the protoplasm is most simple, consisting of the appearance of a constriction, which becomes deeper and deeper, forming a groove, or fissure, until eventually the mass is divided into two parts.

The evident importance of the relation of the nucleus to cell-division has led to extended study of the nucleus and its transformations during the process of reproduction, with the result that upon its functions in this respect *three* forms of division are recognized: (1) *direct cell-division,* (2) *indirect cell-division,* and (3) *endogenous nuclear multiplication.*

1. Direct Cell-division (Amitosis).

Direct cell-division is very rare and present in only *some* of the unicellular organisms and leucocytes. In pathological formations, however, such as tumors, this form of division occurs very frequently. To get a better conception of the direct form of division we will study one of the infusorians, the typical amœba, and the changes occurring in it during reproduction. The first intimation of a division is noted in the spherical nucleus, which becomes elongated, the middle portion of it being indented by a constriction which gives to the nucleus a dumb-bell shape. The constricted portion becomes gradually narrower and slenderer until the two heads of the ball separate and each assumes the same shape as its mother—spherical. The cell thus contains two distinct nuclei. Following the division of the nucleus is that of the protoplasm by constriction also. The indentation always appears between the two nuclei. Eventually two cells are thus formed, each with a separate nucleus; each daughter-cell is, of course, smaller than its mother, but by the assimilation of the nutrient material surrounding it it soon grows to the normal, definite size. This process often requires several hours for its completion, the various stages frequently being accomplished in an uncertain manner.

2. Indirect Cell-division (Mitosis, or Karyokinesis).

By far the greater number of animal and plant- cells follow the more complicated and intricate method of *indirect*, or *karyokinetic*, form of division. The division of the protoplasm is simple enough, following only the laws of constriction until the mass is completely separated into two parts by means of a furrow, or fissure. It is the nucleus which undergoes very remarkable and typical changes, very complicated in their nature, but which in plants and animals are constant and *agree* very much in regard to essentials. Thus the indirect method is very nearly, though not quite, *universal*.

As a cell prepares for division the most evident and important fact noticed is a change in its nucleus, both physical and chemical. The nucleus becomes somewhat enlarged and its chromatic nuclear substance, or chromoplasm,—so called because it has an affinity for stains,—begins to become changed little by little from the netlike arrangements of its minute granules and particles until the substance is arranged in the form of threads loosely rolled up, like a coil or convolution, called the *skein*, or *spirem*. These consist principally of nuclein, and stain more deeply than the surrounding parts, and are, hence, more easily discerned. It is the presence of these threads that gives to the process the name *mitosis*. In most cases there is but a single thread that is coiled or convoluted throughout its entire length; occasionally there occur several such threads. The threads are somewhat thicker than before and more separated than during the resting stage. With the formation of the spirem, or wreath, the nucleoli and membrane, if any, disappear. In some cases the nucleoli are dissolved and cast into the hyaloplasm, where they degenerate and have no further function.

The thread of the spirem becomes divided transversely into nearly equal parts, or bodies, known as *chromosomes*, which in most cases are in the form of rods, straight or curved. The ground-substance of the nucleus now becomes a part of the surrounding hyaloplasm. The chromosomes at first are placed rather irregularly, but they soon begin to arrange themselves into a more definite form, that of a *rosette*. The curved chromosomes now become more angular and V-shaped, the angle pointing toward the center of the nuclear space while the free ends are directed toward the circumference, this figure being called the *aster*, or garland. While in the form of the aster each chromosome splits longitudinally into halves, so that we have just again as many, though thinner, chromosomes.

Before the membrane has been dissolved there appear in the protoplasm, but very near the nuclear membrane, two small granules lying side by side. These are the *centrosomes*. They are of a substance that stains with difficulty. Gradually they begin to separate from one another, moving in a semicircle, until they are diametrically opposite one another, or at the nuclear poles. As they have been in motion the nuclear membrane has been dissolving, so that by the time they are again at rest the membrane has disappeared. The *achromatic* nuclear spindle develops between the centrosomes. When they begin to separate the spindle is small, scarcely discernible, and like a band in form. As the centrosomes separate more, the fibers become more plainly visible and assume the form of a spindle—broad in the middle and converging at either end, toward and ending in the centrosomes. The protoplasm now arranges itself around the centrosomes in the form of rays as a star, as though the filaments of protoplasm were attracted by the centrosomes in the manner of iron filings by a magnet. At first these fibers are small, but increase in length and numbers as the division of the cell progresses until they run throughout the entire protoplasmic mass.

The V-shaped filaments, called chromosomes, are now collected in the plane of the equator, called the *equatorial plate*. While the chromosomes have been arranging themselves in the plane of this plate, they have been growing somewhat shorter and thicker, their angles pointing to the axis of the spindle and their ends to the circumference. By the contraction of the spindle fibers the daughter-chromosomes (the result of the original chromosomes being divided longitudinally into two separate halves by means of fission) are divided into two equal groups, which are moved toward the points, or poles, of the spindle, but never reach it absolutely. Between these groups fine "connecting fibrils" stretch. This figure is called the double star, or *diaster*. The star shape is formed by the angles of the chromosomes being arranged next to the centrosomes with their free ends extending out radially.

There now follows a retransforming of the daughter-chromosomes arranged in the form of a star into a genuine resting nucleus. The angles begin to disappear, the threads draw more closely to one another, becoming more bent and roughened at the same time that little processes appear on their surfaces. A very delicate nuclear membrane develops and surrounds the group of threads. The radiating fibers of protoplasm around the centrosomes become more and more indistinct until they finally disappear. The same thing occurs with the "connecting fibrils."

When the two daughter-stars were separated as far as possible there appeared on the surface of the *cell-body* a fissure, cutting into the protoplasm in the line of the equatorial plate, until the cell was completely divided into two parts, each containing a nucleus.

The duration of this process has been seen to take place in *man* in *half an hour,* while in *the larvæ* of the *salamander* it has been known to take as long as *five hours.*

The different stages are very neatly and correctly summarized and tabulated as they appear in Quain's "Anatomy":—

Network, or reticulum	1. Resting condition of mother-nucleus.
Skein, or spirem	2. Close skein of fine convoluted filaments. 3. Open skein of thicker filaments. Spindle appears.
Cleavage	4. Movement of V-shaped chromosomes to middle of nucleus, and each splits into two sister-threads.
Star, or monaster	5. Stellate arrangement of V filaments at equator of spindle.
Divergence, or metakinesis	6. Separation of cleft filaments and movement along fibers of spindle.
Double star, or diaster	7. Convergence of V filaments toward poles of spindle.
Double skein, or dispirem	8. Open skein in daughter-nuclei. 9. Close skein in daughter-nuclei.
Network, or reticulum	10. Resting condition of daughter-nuclei.

3. Endogenous Nuclear Multiplication.

A third rare mode of nuclear multiplication, to which is given the above-named title, was discovered in the thalassicola.

The thalassicola, which is the largest in size of the radiolarians and the diameter of whose central capsule is nearly equal to that of the frog's egg, has during the major portion of its life *one single, highly differentiated, giant nucleus,* called the *internal vesicle.* This nucleus, or internal vesicle, usually attains to $^1/_{50}$ inch in diameter, and possesses a thick, porous, nuclear membrane. It is very similar to the multinucleated germinal vesicle of the ovum of an amphibian.

Simultaneously with the advent of the centrosome into the protoplasm there appeared in the latter, which heretofore has been entirely free and clear, a large number of very small nuclei. These act as centers, around each one of which there develop nucleated zoöspores,

which may amount finally to as many as some hundreds of thousands of separate cells.

Fatigue of Cells.—Hodge, of Clark University, has found changes in the cell corresponding to rest or activity. Thus the nerve-cell in the morning has a clear, round nucleus, while in the evening, being tired from work, the nucleus has an irregular contour.

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CHAPTER II.

(a) CHEMICAL CONSTITUENTS OF BODY AND FOOD.
(b) ALIMENTARY SUBSTANCES.

Digestion has been described as the physical and chemical alteration of the foodstuffs into forms better fitted for absorption by the action of certain soluble ferments, the digestive enzymes.

The animal organism had its birth in a single ovum or cell, which, under certain favoring circumstances and conditions, developed into a mass of simple cells. As development proceeded this aggregation became differentiated into tissues by the grouping of the cells, altered by chemical changes in the substance of the cells themselves, by alterations in their shapes, and by deposits of intercellular substances. As the organism continued to grow, the various parts became more and more complex by use and development until it presented a highly complex unit.

In the metabolism of the cell it was learned that the various cells while performing their various vital phenomena must constantly maintain a very nice balance in respect to waste and repair. That is, the various kinds of cells took out from their environments those substances that were necessary for their economy to build themselves up and grow, while the waste-products were excreted. A distinctive property of the cells was the selective power exercised in regard to different nutrient materials with which they came into contact. Although the surrounding media might contain many kinds of food, yet cells of a particular kind took only that for themselves which was best adapted to their wants, disregarding entirely all the others. As there was a great variety of cells, there must necessarily be a corresponding variety of foodstuffs.

What is true of the cells is true of that of which they are but components or units: the body. Among the phenomena produced by the waste of the solid constituents of the body and the loss of the fluid or watery parts of the tissues are the sensations of hunger and thirst. These sensations of appetite excite the desire to take food, which by the processes of digestion is prepared for absorption and circulation in the blood to supply the various needs of the organism.

The term food includes all those substances received into the

alimentary canal and used for the support of life by supplying the waste continually occurring in the living animal tissues, and also weight, heat, and energy. Food contains substances that have a certain chemical relation to the tissues which it supports. The substances out of which the complex adult tissues are constructed or built up are *chemical elements, chemical compounds,* or *unions* of these elements. The food taken in by the animal consists of the same or similar composition, in its nature very complex.

Animals are either carnivorous or herbivorous. The carnivora, or flesh-eating species, consume food possessing apparently the same chemical components as the tissues and fluids of their own bodies. The food of the herbivora, or vegetable-eating species, contains principles resembling very closely those found in the animal body. No matter what the source or nature of the food for animals might be, their chemical constituents or principles are similar, since it is through the agency of the vegetable kingdom with the aid of light and heat from the sun that the simpler combinations of inorganic nature are woven together and elaborated to form the complex organisms in the shape of plants and vegetables. Thus, the animal kingdom is dependent on the vegetable for its existence, as numerous experiments have proven that the animal organism does not possess the power to any great extent of constructing complex from simple materials. Yet complex foods it must have to supply its own complex constituents. However, it is also necessary that the food should possess, besides the complex constituents, a proper proportion of the various principles, and these must be in a digestible form. It is well known that beans, peas, and other vegetables contain a very considerable percentage of proteid, but it is in such indigestible form that much of it passes off in the fæces. The various digestive juices had been unable properly to dissolve their nutritious elements.

Of the 74 elements known to the chemist, but 20 are found in the body. They are: carbon, hydrogen, nitrogen, oxygen, sulphur, phosphorus, fluorin, chlorine, iodine, silicon, sodium, potassium, calcium, magnesium, lithium, iron, and occasionally manganese, copper, and lead. These elements are rarely found in the free state, being usually in the form of compounds.

The *compounds,* or, as they are sometimes termed, *proximate principles,* are divided into: (1) *mineral,* or *inorganic,* compounds; (2) *organic compounds,* or compounds of carbon. The organic compounds may again be divided very conveniently into two groups: the *nitrogenous* and *nonnitrogenous.*

The *inorganic* compounds are water; the various acids, such as the hydrochloric acid of the gastric juice; and numerous salts.

Since the proximate principles of both food and the body are the same, mention of them will be known to refer to both. A very convenient method of grouping the principles of both food and the body is that by Halliburton, as follows:—

Inorganic......	*Water.*
	Salts, as chlorides and phosphates of sodium and calcium.
Nitrogenous...	*Proteids:* albumin, myosin, etc.
	Albuminoids: gelatin, keratin, etc.
	Simpler nitrogenous bodies: lecithin, urea, etc.
Nonnitrogenous	*Fats:* butter, adipose tissue.
	Carbohydrates: sugar, starch.
	Simple organic bodies: alcohol, lactic acid.

Although all of these elements are present, yet not all are of equal importance or occur in the same proportions. Among the inorganic group, *water* and *salts* are prominent; among the organic, *carbohydrates, fats,* and *proteids.*

WATER.

Water forms more than one-half of the body-weight. The value of water to the economy can be readily appreciated by the student when he considers that the various processes and stages of digestion, absorption, and assimilation are dependent upon hydration and dehydration. About fifty ounces of urine are excreted daily, this being the main avenue for the escape of watery elements from the body. In addition, considerable water is given off by the skin as sensible and insensible perspiration, while expired air is heavily laden with moisture.

With so much water making its escape from the body, at least as much must find its way into the economy. About two and a half quarts of water are ingested daily as food. The water we drink ought to be fresh, limpid, without smell, and of an agreeable taste. When complete and exact analysis is impossible, the taste is the only safe criterion or judge as to its fitness. Drinking-water should always contain a certain percentage of air. The palatability is due to the presence of carbonic acid gas in the water. Besides gaseous constituents, solid substances are also present. These are both mineral and organic, and should be present in but very small amount.

Somewhat more water is excreted daily than is ingested, since some water is formed in the tissues by the oxidation of hydrogen.

SALTS.

The most important salts found are the sulphates and chlorides of sodium; the phosphates of sodium, potassium, calcium, and magnesium; and the carbonates of sodium and calcium.

Of these various salts, *sodium chloride* is the most important and the most common one found. In the fluids—blood, serum, lymph, and urine—this salt is high in percentage. While in the body it favors absorption by increasing the endosmosis of the tissues and so aids metabolic processes, the absence of sodium chloride for an extended time causes disturbances and disorders in the constitution. There are about 3000 grains of common salt present in the body. About 225 grains are excreted daily in the urine, while some finds its exit as a component of the fæces, sweat, and tears.

A practical illustration of its value to animal life may be gained by noticing how wild animals repair to the so-called "salt-licks" at various times, traveling for many miles to procure it.

Calcium phosphate is a very prominent factor of the mineral solids of the body. It forms about one-half of the bony skeleton, where it is most abundant, although it occurs to some extent in all other solids and fluids. This salt is particularly conspicuous in milk.

Iron is an important element of hæmoglobin. It is this iron in the red blood-corpuscles that is the means of holding the oxygen without being itself oxidized. A want of it causes the pathological condition called anæmia. In the blood of an adult are found forty-five grains. In small proportions it is found in the liquids of the body,—as the chyle, lymph, bile, urine, etc.,—in the fæces, and traces in the liver and spleen.

CARBOHYDRATES.

The carbohydrates are found principally in the vegetable kingdom. They are, however, not indigenous to the vegetable kingdom, but are found and formed in animal tissues; notably, glycogen, or animal starch; dextrose; and lactose, or milk-sugar.

For the sake of a clearer conception of the term carbohydrate the components of the name are used when it is defined as a compound of carbon, hydrogen, and oxygen, the last two in the proportion occurring in the formation of water, two to one.

The carbohydrates are:—

Glucoses ($C_6H_{12}O_6$), or monosaccharides.
Saccharoses ($C_{12}H_{22}O_{11}$), or disaccharides.
Amyloses ($(C_6H_{10}O_5)_n$), or polysaccharides.

The Glucoses are glucose; dextrose, or grape-sugar; lævulose, and galactose. The glucoses have three properties which are important for the physiologist to know: physical, chemical, and biological. From the fact that it deviates the plane of polarization to the right, its physical property is demonstrated, whence its name, dextrose. Its chemical property is the reducing of certain metallic salts in the presence of alkalies. Biologically, it ferments under the influence of yeast to form carbonic acid and ethylic alcohol.

Saccharoses.—The saccharoses are saccharose, or cane-sugar; lactose, or milk-sugar; and maltose. When saccharose, or cane-sugar, is boiled with a dilute mineral acid, the right-handed polarizing solution of saccharose is transformed into invert-sugar, or is said to be inverted. Invert-sugar is a mixture of equal weights of glucose, a right-handed polarizing agent, and lævulose, which is a left-handed polarizing body. The saccharoses do not reduce the copper salts. The saccharoses are not directly fermentable by yeast except in this way: (1) when yeast is added the saccharoses take up water and the soluble ferment of yeast, *invertin*, changes the saccharoses into glucose and lævulose; then (2) the vital fermentation of the glucose and lævulose by the yeast-cell.

Lactose, or sugar of milk, is a right-handed polarizing sugar. It reduces the copper salts, but is not fermentable either directly or indirectly by the yeast-ferment. Lactose ferments in the presence of the lactic acid bacillus to form lactic acid.

Maltose is a right-handed polarizing sugar, reduces copper salts, and ferments by yeast. Maltose has the same properties as glucose, but is distinguished in two ways: (1) the light-rotating power of glucose is 56 degrees, while maltose is 150 degrees; (2) the reducing of metallic salts by glucose is equal to 100, while that of maltose is but 66. The sugar in blood is a glucose.

By moistening barley and germinating it in heaps at a constant temperature, the starch of the barley is converted into dextrose and maltose. This change is brought about by the ferment called diastase, which is found in barley. This product when dried is denominated malt, which when it is acted upon by yeast produces the malted beverages, beer and ale. Maltose by invertin of yeast is changed into glucose.

Amyloses, or Polysaccharides.—Under the influence of dilute mineral acids the amyloses are changed by boiling or are transformed into glucose. Starch presents a polarizing cross: a black cross upon a white ground or a white cross upon a black ground. Starch does not

reduce copper solution nor is it fermentable by yeast. When iodine is added to starch it gives a blue color.

Glycogen, or animal starch, does not reduce copper salts nor is it fermentable by yeast. During the hydrolysis of starch dextrin is formed as an intermediate product. Dextrins colored red by iodine are called erythrodextrins; those not colored by iodine are called achroödextrins.

FATS.

Fats form a more or less variable proportion of the animal economy. They come to us principally in the form of animal articles of food, but to some extent in vegetable food also, especially in seeds, nuts, fruit, and roots.

The fats contain in their substances a fatty principle having acid properties—a sort of fatty acid. When acted upon by alkalies and ferments this acid becomes separated and a sweet principle known as glycerin makes its appearance. Thus fats may be said to be compounds of fatty acids with glycerin. It would seem, however, that the glycerin had not pre-existed in the fats, as the united weight of the glycerin and fatty acid produced exceeds that of the fat originally employed.

In bone-marrow, adipose tissue, and milk the fats are very prominent components. The adipose tissue consists of nucleated vesicles filled with fatty matter. The vesicles are closely packed together and surrounded by a network of blood-vessels which draw out from this source a supply for nutrition. This fatty tissue is found between the muscles, bones, vessels, etc., and by its accumulation under the skin gives to the surface of the body its full and regular outline.

By reason of its bad conducting power it helps to keep the various structures of the body warm by a coating of it lying under the skin. This fact is best illustrated in the warm-blooded aquatic animals, as the seal, porpoise, and whale.

The normal fats found in the body and used for food are divided into three compounds: *stearin, palmitin,* and *olein.*

Stearin is the most solid of the three. It is typically illustrated in mutton suet, and is the element which makes this fat so hard and firm and characterizes it at once. Its melting-point is 145° F., so that at ordinary temperatures it is solid.

Palmitin occupies a position midway between stearin and olein as regards consistency. It is the principal constituent of most animal fats and occurs largely in vegetable fats also.

Olein is always found in a fluid state unless the temperature be very low. When the olein ingredients predominate in a body it is then in a liquid state, as in the case of the oils. Olein is found in both animal and vegetable fats, but the vegetable fats are richer in it than the animal. The oils used in food—olive-oil, oil of sweet almonds, etc. —are derived from the vegetable kingdom.

Human fat contains about 75 per cent. of olein plus a small quantity of fatty acids in a free state. All are soluble in hot alcohol, ether, and chloroform, but insoluble in water.

Saponification.

When fat is boiled with alcoholic soda or potash, the particles of fat are broken up into a small quantity of glycerin and a larger quantity of fatty acid. The fatty acid unites with the soda or potash, forming, as a result, soap. This process of soap-forming is known as saponification.

Emulsification.

If oil and water are well shaken together the fatty particles do not form a part of the water, but are held in suspension and come to the surface in the form of small globules. A mixture of an oil, a soap, and water is spoken of as an emulsion. No emulsion is permanent, for even in milk, the most perfect of emulsions, the fatty particles in the form of cream rise to the surface in a few hours. Emulsification is a physical or mechanical rather than a chemical change. Both soaps and emulsions are continually being formed in the body during the digestion of fats.

PROTEIDS.

The principal constituents forming the muscular, nervous, and glandular tissues, as well as the serum, blood, and lymph, are proteids. In normal urine there are found no proteids, or, if any, only traces. In a great measure the various phenomena of life are present and due to the protoplasm in the cells. On analyzing protoplasm chemically its substance is, of course, killed by the reagents used, but there invariably result in the process proteids. Whether the proteids exist as such in the protoplasm or occur only after the death of the protoplasm has not been fully established, but are believed to be the constituents of it. However, none of the phenomena of life occur without their presence.

Proteids are very complex, comprising compounds of carbon,

hydrogen, nitrogen, oxygen, and sulphur. They may be either solid or liquid, as they are found in the different tissues of the body. The different classes of proteids present both physical and chemical peculiarities, although all have certain common reactions. Some are soluble, others are insoluble, in water, while nearly all are soluble in ether and alcohol. Strong acids and alkalies are also capable of dissolving the proteids, but in the process of dissolution decomposition almost invariably occurs.

The supply of proteids in our bodies is obtained from the vegetable kingdom, being taken in as vegetables directly, or indirectly in the form of meat which is derived from animals that live on vegetables. Thus the proteids are built up from the simpler inorganic compounds taken from the soil and air and elaborated in plant-structure.

The chemical composition of the proteids is variable, depending upon the products analyzed by the different investigators, as the purity of the substances cannot be definitely determined. From investigations we have the following average percentages: O, 21.50 to 23.50; H, 6.5 to 7.3; N, 15.0 to 17.6; C, 50.6 to 54.5; S, 0.3 to 2.2.

The nitrogen and sulphur are each contained in the molecule in two forms, the one loosely combined, the other firmly combined. The basis of construction of all proteids is, according to Kossel, a body called protamin ($C_{30}H_{57}N_{17}O_6$), which on hydrolysis gives three basic substances each containing six carbon atoms, hence called hexone bases, lysin, histidin, and arginin. Protamin has been found loosely combined with nucleic acid in the spermatozoa of fishes. In the proteid molecule it is firmly combined with the amido acids, like leucin, glycin, and usually with aromatic bodies, like tyrosin, etc., and inorganic elements, like sulphur and phosphorus.[1]

Classification of Proteids.

For the sake of convenience and study the proteids have been divided into various groups and classes by different authorities. They are almost universally divided into the two main groups of *animal* and *vegetable* origin. The amount of proteid matter in plants, particularly the full-grown ones, is less than in animals. It is found dissolved in their juices, in the protoplasm, or deposited in the form of grains called *aleuron* granules. Vegetable proteids are divisible into the same classes as the animal, but, since human physiology deals with animal proteids, the vegetables are disregarded.

[1] Beddard, "Practical Physiology."

A convenient classification is into: (1) *native albumins,* (2) *derived albumins,* or *albuminates,* (3) *compound proteids,* (4) *globulins,* (5) *peptones,* and (6) *albuminoids.*

1. Native Albumins.

The proteids of this class are those that are found in an unaltered, natural state or condition in the solids of the body. They are soluble in water and are not precipitated by the dilute acids. The two main forms are *egg-albumin* and *serum-albumin.* The *egg-albumin* occurs in the part of the egg known as the white. The *serum-albumin* is found not only in the blood-serum, but also in the lymph as it is found in its proper lymphatic channels and diffused throughout the tissues, in the chyle, milk, and transudations.

2. Derived Albumins, or Albuminates.

To this class belong two divisions: *acid-albumin* and *alkali-albumin.*

The derived albumins are formed from the native albumins by the action of weak alkalies or acids. Thus, when a native albumin, such as serum-albumin, is treated for a while with dilute hydrochloric acid its properties become entirely changed. The solution is no longer able to be coagulated by heat, and when the solution is carefully neutralized the whole of the proteid is thrown down as a precipitate. The substance into which the native albumin was changed by the action of an acid is called an *acid-albumin,* or syntonin. This acid-albumin is insoluble in distilled water and neutral saline solutions, but readily soluble in dilute acids and alkalies. This is the process through which albumins pass when undergoing gastric digestion and when acted upon by the HCl of the gastric juice.

If serum-albumin, egg-albumin, or washed muscle is acted on by an alkali, instead of an acid, the proteid undergoes changes similar to those produced by the acid, except that the product formed is an *alkali-albumin* instead of an acid one.

3. Compound Proteids.

These are native proteids with another organic substance, in contrast to albuminates, which are compounds of native proteids with inorganic substances. The compound proteids include (1) glucoproteids, like mucin, consisting of a proteid combined with a carbohydrate group; (2) pseudonuclein, like casein of milk, nuclein of cell nuclei and a nucleo-proteid, vitellin of yelk of eggs; (3) histones,

made up of albumin and protamin. To the histones belong globin, the proteid which is separated from hæmoglobin by decomposing it with acids and alkalies, and a pigment called hæmatin, which contains 0.4 per cent. of iron.

4. Globulins.

The globulins are quite abundant. The globulins differ from the albumins in that they are not soluble in distilled water. There must be present an appreciable amount of sodium chloride or magnesium sulphate.

The different members of this group are: *Serum-globulin (paraglobulin)*, and *fibrinogen* in blood, *myosinogen* in muscle, etc.

Paraglobulin is a precipitate that can be formed from blood-serum by diluting it tenfold with water and passing through it a current of carbon anhydride. A flocculent and finally a granular precipitate results, which is the paraglobulin.

The coagulated proteids are fibrin, myosin, and casein. The coagulation is produced by ferments.

Fibrinogen is present in the blood, chyle, serous fluids, and transudations.

Myosinogen is the principal proteid found in muscle.

5. Peptones.

In the body *peptones* are the final results of the action of the gastric and pancreatic juices upon the native proteids, and as peptones are ready for absorption by the cells. Although formed in large quantities in the stomach and intestine, they are quickly absorbed as soon as formed, since none is left in these organs. Peptones can, however, be produced outside the body by the action of dilute acids at medium temperatures.

The peptones are soluble in water, not coagulated by the presence of heat, can be precipitated by the usual proteid precipitants, and diffused very readily through membranous tissues.

Intermediate products between the native proteids and peptones are the *proteoses*. True peptones are not found in the circulating juices of plants, but the product found is very likely proteose. The proteoses are only slightly diffusible, are not coagulated by heat, but can be precipitated. A characteristic feature of their precipitates is that they can be dissolved by heating, but reappear when the solution cools.

6. Nitrogenous Bodies Allied to Proteids, or Albuminoids.

Besides the proteids there are other nitrogenous, noncrystalline bodies that are allied to the former, having many general points in common.

Gelatin is the substance produced by heating the collagen, of connective-tissue fibers, in dilute acetic acid for several days. It possesses the property of setting into a jelly when its concentration is greater than 1 per cent. When digested it is converted into a peptone, and, although readily absorbed, is not able to take the place of a true proteid, since it cannot build up nitrogenous tissue, being valuable only as a means of storing up energy.

Keratin is the horny material forming the outer layer of the epidermis, hair, wool, nails, hoofs, etc.

Elastin of elastic tissue belongs to this group.

ALIMENTARY SUBSTANCES.

We have learned that the body is composed of the chemical constituents or proximate principles, carbohydrates, fats, and proteids comprising the organic group, and water and salts the inorganic class. In order that the nutrition of the body may proceed normally, it is very apparent that those principles must be supplied in the food, in the proper proportions and quantities. So, a proper diet for man is one containing the proximate principles in their proper proportions, the value of it depending mainly on the amount of carbon and nitrogen present.

The elements, as elements, are not valuable; it is only when they are in combination that they serve their proper ends as foods. For the elements must be united previously by some living organism to constitute an organic product. It is not often that the alimentary substances are used by us as Nature furnishes them, even though they contain the proper ingredients. One requisite is that they should be presented in a digestible form. Water, heat, and condiments are the three agents used to make food more palatable and digestible. Water helps to soften the insoluble substances and to dissolve the principal substances. Heat modifies the foods still more, so that they acquire different characters. The condiments give physical satisfaction and enjoyment, and at the same time they please the taste.

A diet to be sufficient must be adapted to the particular individual's need, keeping in mind, also, the climate, age of person, and the amount of work done by him.

Although we make changes of clothing to suit the weather conditions in order that the body may not suffer in regard to the surrounding temperature, yet our diet is also regulated with the same ends in view. In cold weather we eat more, to furnish an extra amount of heat; in warm weather we eat less than usual. A growing youth's body must not only repair the daily waste, but also assist in constructive metamorphosis, or growth, so that he requires relatively more food *per diem* than the adult. Because of the waste attending action, the workingman requires more than the ordinary supply of food.

There are some single foods which contain all the necessary proximate principles in proper proportions, but they are the exceptions rather than the rule. Thus, milk and eggs are classed as perfect foods. It is usually necessary for a proper diet to contain a variety of substances in this list.

For a man doing a moderate amount of work, it has been computed that it is necessary that the daily diet should contain the following amounts:—

Proteid	125 grams.
Fat	50 grams.
Carbohydrates	500 grams.

Alimentary substances comprise products of both animal and vegetable kingdoms. The principal ones are animal substances, with cereals, potatoes, drinks, condiments, cocoa, coffee, tea, etc.

The *animal* substances, or foods, comprise: (1) meat, (2) eggs, and (3) milk, with its derivatives—cream, butter, and cheese.

The parts of animals used for food are the various portions of their muscular system. They comprise the general term meat. Animal food, being identical with the body structures, requires nothing to be added or detracted to make it fit to give proper nourishment.

MEAT.

The more compact the fiber, the less digestible the meat. Hence ham is much less digestible than other meats. The more fat that is combined intimately with the fibers, so much less is the digestibility of the meat, because the fat melts and coats the fibers of the meat with a layer of oil which prevents the ferment from acting upon it. Meat is noted for the large quantity of nitrogenous matter which it contains, having four times the amount of proteid compared with the same weight of milk. The proteid in meat is myosin, the main constituent.

Beef-tea is a solution of gelatin, salts, extracted matters, a little albumin, together with some fat. The value of beef-tea as an ali-

mentary substance has been much disputed, some claiming great results from it, others none. However, one thing is certain: it possesses a stimulant and restorative value, though it must not be depended upon as a food and administered as such.

The process of cooking meat loosens up the various fasciæ and enveloping membranes, thereby separating the fibers; at the same time parasitic growths are killed. Thus the digestive juices are given a greater opportunity for acting upon all parts of the foods, even penetrating into the innermost parts.

EGGS.

The white of an egg is a faint-yellowish, albuminous fluid inclosed in a framework of thin membranes, and this fluid itself is very liquid, but seems viscid because the membranes are entangled. Ovalbumin, or the egg-albumin of the egg-white, is the chief constituent. The mineral bodies in the white of egg are potash, soda, lime, magnesia, iron, chlorine, phosphoric acid, and sulphuric acid.

The principal part of the yelk is an orange-yellow, alkaline emulsion of a mild taste. The yelk contains vitellin as its principal constituent. Besides vitellin, the yelk contains alkali albuminate and albumin. The yelk, besides vitellin, contains a phosphorized fat (lecithin) with cholesterin, fats, and a small quantity of sugar and of mineral bodies, chiefly lime and phosphoric acid.

As the egg is so easily digested it is prized highly as a food. However, the more that an egg is boiled, the more insoluble do the proteids become and so are more indigestible.

In cases where eggs are difficult of digestion the white of egg may be given. The yelks of eggs make some persons have headache and drowsiness. The caloric value of two eggs is about twenty calorics, equal about to the heat-value of a tumbler of milk.

MILK.

Like eggs, milk contains all the elements necessary for the maintenance of life, and hence it is regarded as a type of alimentary substances and classed as a perfect food. It serves very well as an infant-food.

The quantitative composition of cows' milk and human milk is as follows, according to Bunge:—

	Proteid.	Fat.	Carbo-hydrate.	Salt.
Cows' milk	3.5	3.7	4.9	0.7
Human milk	1.7	3.4	6.2	0.23

The amount of fat and carbohydrate is nearly the same in both, there being, however, twice as much proteid and nearly three times as much salt in cows' as in human milk. To bring cows' milk to the same condition as human milk it is necessary to dilute with an equal amount of water and at the same time to add some cream and sugar.

Milk is a watery solution of various proteids, a carbohydrate and salt, containing in suspension emulsified fat. Cows' milk is an opalescent solution with a characteristic taste and an amphoteric reaction. The specific gravity varies between 1.028 and 1.034. Microscopically, it consists, like blood, of plasma and corpuscles, or globules, of fat. Boiling does not coagulate fresh milk, but forms a skin on its surface which is chiefly composed of caseinogen inmeshing some fat-particles. This film is formed by the drying of proteid at the surface of the milk. The chief proteid of milk is a pseudonuclein called caseinogen, and can be precipitated by adding to the diluted milk a weak acid or by saturating it with a neutral salt. The chief peculiarity of caseinogen is its coagulating power when treated with a ferment, rennin, in the presence of lime salts. The coagulation of milk depends upon the change of a soluble proteid, caseinogen, into an insoluble body, casein, by means of the enzyme, rennin, and the presence of lime salts is necessary. It is probable that the rennin first splits the caseinogen into two bodies, the more important being soluble casein, which then combines with the calcium salts to form a caseinate of calcium, while the other passes into solution in the whey as whey proteid, or lactoserum proteose.

The casein thus generated inmeshes the fat-granules and forms milk-curd. This curd, like the blood-clot, shrinks after a few hours and an opalescent fluid, or serum, called *whey,* is expressed.

This whey contains, besides the whey-proteid, or lactoserum proteose, traces of other proteids and also lactose and milk salts. The casein of cows' milk forms large masses on coagulation, while women's milk forms very fine flakes.

The lactose, or sugar of milk, does not readily ferment with yeast, but is capable of undergoing a special fermentation, by which it is changed by the lactic acid bacillus into lactic acid, and this lactic acid is further split up into butyric acid. These two acids, lactic and butyric, precipitate the caseinogen and produce the curd in sour milk; but this curd is quite a different body from that produced by rennin, for it can be dissolved by a weak alkali, and then the rennin will clot it. Potassium oxalate, which precipitates the calcium in the milk, prevents the clotting of milk. The other proteids in milk besides caseinogen are lactalbumin and lactoglobulin.

Kumyss is mares' milk fermented. It contains 10 per cent. of solids, 3 per cent. of alcohol, 2 per cent. of fat, 2 per cent. of sugar, 1 per cent. of lactic acid, 1 to 2 per cent. of casein, and 1 volume per cent. of carbonic acid.

Kephir is cows' milk fermented by kephyr grains.

Matzoon is prepared by adding to milk a ferment consisting of some form of yeast and the lactic acid bacilli. It, however, contains very much less alcohol and carbonic acid than kumyss. Plasmon is prepared by precipitating casein from fresh milk. Then it is dissolved in sodium bicarbonate in the presence of free carbon dioxide, which prevents the alkali from decomposing the casein. It is then

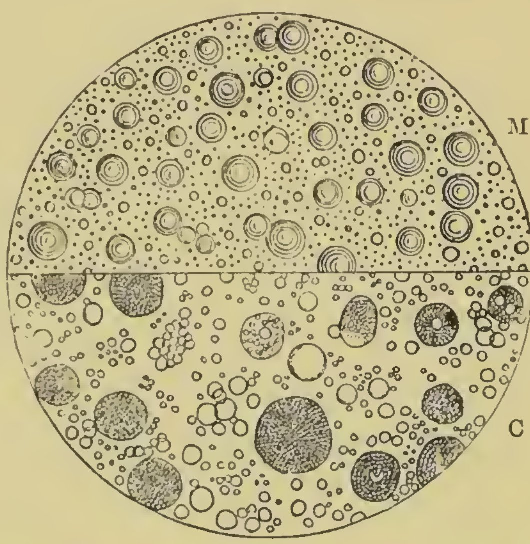


Fig. 4.—Specimens of Milk, viewed through the Microscope. (Landois.)

M, Milk. *C*, Colostrum.

dried, and is a yellowish-white body. It contains 2 per cent. of fat and milk-sugar and 7 per cent. of salts. It is used as a substitute for milk when a large amount of water is not desirable.

The fats of milk are olein, palmitin, stearin, caproin, and butyrin. The milk of women contains twice as much olein as palmitin and stearin, but they are about the same in quantity in cows' milk. In cows' milk two-fifths is olein, one-third is palmitin, one-sixth stearin and butyrin, and caproin one-fourteenth of the total fat.

Buttermilk contains about 10 per cent. of solids, including casein; lactose; and about 1 per cent. of fats.

Butter is formed by the fatty portions in churning making the fat-particles adhere to each other, forming a yellow, fatty mass.

The salts of milk average 0.6 per cent. and they consist chiefly of phosphate of lime with calcium chloride, magnesium phosphate, and traces of iron.

Milk also contains about 7.6 per cent. of carbonic acid and traces of oxygen and nitrogen.

The quantity of milk daily secreted by a woman is about one quart.

The quantity of milk changes during lactation, which lasts in the woman about ten months. In the case of the woman the percentage of casein and fat increase to the end of the second month, but sugar lessens even in the first month. During the fifth to the seventh month there is a diminution of fat, and between the ninth and tenth months a decrease of casein. In the first five months the salts increase; after that they diminish.

Colostrum is the milk secreted for a few days after parturition, and it has peculiar characters. It contains large corpuscles called colostrum-corpuscles, which are large cells full of colorless, fatty particles.

A poisonous principle is sometimes generated in milk by microbes. It is called tyrotoxicon.

VEGETABLE FOODS.

Vegetable substances differ very much from animal bodies in their physical appearances and in some respects also chemically. The vegetable matters are capable of being transformed into the various animal components and thereby nourish the animal body, since they contain all the elements, or proximate principles, that are necessary for the maintenance of life. They need a more complex apparatus for their transformation, and as a consequence the digestive organs of the herbivora are better developed and more complex than those of the carnivora.

The *cereals* have the same general composition, all containing the same proximate principles, but not all possess the same relative amounts, because of which some are more valuable as food than others. The most important of the cereals is *wheat.*

Wheat, as a source of food, occupies a very important place and is one of the most widely cultivated of the cereals. The wheat-grains by grinding have their cellulose coats burst, and the resulting powder is called flour. This contains, on an average, 70 per cent. of carbohydrates, 8 per cent. of proteid, and 1 per cent. of fat. The coverings of the grain still contain some albumin and starch and thus form

bran, a substance used for feeding the herbivora. Bread is made by a mixture of wheat-flour and water, forming dough. The body which, on the addition of water, beeomes viseid is ealled gluten, and is a tough, sticky mass. This is made more porous by earbonie aeid, whieh is generated in the dough by the aetion of the yeast-plant on sugar. The sugar is produeed by the diastase in the flour, whieh hydrates the starch into sugar. Baking kills the yeast-aetion and makes the vesieles filled with earbonie aeid expand, so the dough is filled with little eavities. The erust of bread is formed by the heat eoagulating the gluten, and at the same time the heat transforms the stareh into dextrin and soluble stareh. The glazing of the erust is due to dextrin. The different eolor of the erust and its taste is due to a earamel generated by the aetion of heat on the sugar produeed by the diastase.

ACCESSORY FOODS.

In addition to the ordinary foods there is a series of articles whieh are not neeessary to the maintenanee of life, but whieh are frequently used. They are: aleohol, tea, eoffee, and eoeoa. Of these aeeessory foods, aleohol is the predominant one and is used in a variety of drinks.

Alcohol.—Beer eontains from 3 to 5 per eent. of aleohol. It also has from 5 to 7 per eent. of extraetives, whieh eonsist mainly of dextrin and maltose, with albumose, whieh give it nutrient properties. Eaeh ounee usually holds about two eubie inehes of earbon dioxide. It is an infusion of malt fermented, to whieh a bitter prineiple found in hops is added. It is frequently adulterated with salieylie aeid and benzoie aeid to preserve it. In exeess it gives rise to rheumatism, gout, and bilious attaeks, due to diminished exeretion of waste-materials from the eeonomy. Wines eontain from 6 to 25 per eent. of aleohol. Port holds 10 per eent. and sherry 16 to 25 per eent. of aleohol. Besides, the aroma is due to ethers. Champagnes eontain, in addition, 10 per eent. of sugar, whieh upsets the stomaeh. Wines also have free aeids, espeeially tartarie, whieh also disagree with eertain stomaehs.

Spirits eontain about 50 per eent. of alcohol. Aleohol is a nutrient and heat-generator. One gram of alcohol produees more heat than one gram of proteid or earbohydrate. Ordinarily the system ean oxidize daily about one and one-half ounees of aleohol. When aleohol is oxidized it spares the fats and earbohydrates and probably the proteids. It is well known that the eontinuous drinking of alcohol makes a person fat. The persistent use of aleohol also increases

the dangers of infection from infectious diseases. In fevers its use prevents the loss of fat and stimulates the secretion of gastric juice. It dilates the capillaries of the skin either by a local or central action. Its habitual use gives rise to chronic gastritis and cirrhosis of the liver. The odor of spirits in the breath is due to fusel-oil. Alcohol in the blood is changed into carbonic acid and water.

Coffee.—Each cup of coffee contains about two grains of caffeine. Coffee also contains a volatile substance called coffeon, which resembles an oil. The exhilaration after the drinking of coffee and the increased peristalsis is due to the coffeon.

Tea.—Tea contains caffeine and theophylline and about 7 per cent. of tannin. Tea induces constipation and chronic gastritis when used in excess. Neither tea nor coffee diminishes metabolic changes.

Cocoa.—This body is a nutrient because it contains fat (50 per cent.) and an albuminons substance. It contains theobromine. Caffeine and theobromine belong to the purin group.

CHAPTER III.

DIGESTION.

Anatomy and Structure of the Mouth, Pharynx, and Œsophagus, together with the Digestive Processes Occurring in Them.

DIGESTION has for its aim the separation of the principles of growth and repair from the aliments and fitting them for absorption into the circulation. The process is both mechanical and chemical, accomplished mainly through the action of certain soluble ferments called digestive enzymes.

Some form of digestion is found to take place in all animal organisms no matter how low we proceed in the zoölogical scale. It is essential to every one of them that they be able to take from their environments those elements that are necessary to maintain their economy and give off those substances that are no longer fit for use and termed waste-products, for only by this exchange of the elements outside of their own organisms are they able to live, grow, and produce others of their kind.

In the higher grades of animal life, as the articulata and vertebrata, the number of organs concerned in digestion is increased, and, of course, in direct ratio the various stages and acts in the whole process are multiplied. In them is a long tube, in some parts much folded on itself; in and along the outside of it are numerous glands which empty their products, called secretions, into the long tube; and at the beginning of which there is an apparatus for crushing and grinding the solid parts of the food. Intimately connected with this apparatus is the system of blood- and chyle- vessels for absorbing the digested products and thus allowing them to circulate through the entire body and come into contact with every part of the organism.

In the vertebrata there are modifications and forms of development dependent upon the class, and even in mammalia there are differences as the animal may be insectivorous, carnivorous, herbivorous, or omnivorous.

Man, the highest of the mammalia, is the real and intimate study upon which all our physiological researches bear. He is omnivorous, and naturally we expect to find his digestive apparatus suited to disintegrating and dissolving *all* kinds of food.

In him the digestive apparatus consists of a long tube, called the alimentary canal, about thirty feet in length, with its accessories of teeth and the various glands which empty their products into the tube by means of little ducts.

The *alimentary canal* is the long tube beginning with the mouth and ending with the anus, composed of muscle and mucous membrane, the latter lining it throughout its entire length and giving to the interior of the canal its characteristic smoothness and redness. In this lining membrane, as also in the submucosa, are located some of the glands whose secretions aid digestion.

The alimentary canal in its extent of about thirty feet has received various names for its several parts. They are: *mouth, pharynx, œsophagus, stomach, small* and *large intestines.*

The *mouth* is the oval box, situated at the commencement of the canal, in which, by the action of the jaws with their two rows of teeth, the hard parts of the food are *masticated,* as it is called. While the food is being masticated it is at the same time being mixed with a watery fluid, the *sativa,* the secretion of the *salivary glands;* this mixing of food and saliva has been termed *insalivation.*

In the *pharynx* and *œsophagus* occurs the act of *deglutition,* or swallowing of the masticated mouthful in the form of a large, moist bolus. It is by the contraction of the muscles in these parts that the food is quickly passed on to the stomach. The course of the tube beginning with the mouth and ending at the opening of the stomach is comparatively straight and measures about fifteen or eighteen inches in length. This part of the tube is found in the head, neck, and thorax, ending just below the transverse muscular wall of the trunk, the diaphragm.

The *stomach* is the muscular pouch in which occurs some of the chemical changes of the food, converting it into a grayish-brown soup-like mass. From thence it passes on to the *small intestine,* where the nutrient materials are separated from the waste-residue; the latter is passed on to the *large intestine* to be later expelled from the body.

The *stomach, large* and *smalt intestines* are located in the abdomen and pelvis, differing from that part of the canal above the diaphragm in that the intestines are much folded and convoluted in their course; so that the major portion of the entire length of the canal is contained here.

In the mucous membrane and submucosa are located microscopical glands whose ducts open directly upon the lining, interior surface. Outside the canal, their secretions emptying into the canal by small

ducts, are the larger glands: *salivary, liver,* and *pancreas.* The ducts of the salivary glands open into the mouth; the common duct of the liver and pancreas into the first fold of the small intestine, the *duodenum.*

Although digestion in its entirety, as it occurs in the alimentary canal, is in its nature very complex, yet there are *three* natural divisions of the whole process based upon the changes as they occur (1) in the *mouth* (including the pharynx and œsophagus), (2) in the *stomach,* and (3) in the *intestines.*

It is the intention to consider the changes and alterations of the foodstuffs, whether mechanical or chemical, in each, together with the anatomy of the parts of each division and the structure of the accessory glands, with their secretions and the functions they bear to the completion of the entire work. However, the fact must not be lost sight of that these divisions are only arbitrary and for convenience, as no real line can be drawn at the various stages, since all parts, structures, and functions work in harmony, on the plan of division of labor: having in mind one common end—the dissolving of the food so that it can become a part of the circulation.

PREHENSION.

Before the processes of digestion can begin, it is essential that the food should be brought to and placed in the mouth, the beginning of the alimentary canal, for only in some of the infusoria does digestion of the food take place outside the organism, due to the influence of ferments secreted by the organism to be nourished. The act of bringing the food to the mouth has been termed *prehension.*

Nature has admirable contrivances for this act wherever we look among the lower animals. The monkey, squirrel, rat, etc., usually make use of their anterior extremities for grasping and bringing to their mouths the food, while they sit upon their haunches. The horse makes use of his teeth and lips; indeed, his upper lip is very movable, long, and endowed with extreme sensibility. It is his means of gathering together his grain and bringing it to the incisors which cut it up, then to be passed along by the tongue to the molars for grinding. In the cow the tongue, in the cat and dog the teeth and jaws, are the main organs of prehension. The frog, by protruding his long, thin tongue, the surface of which is covered with a viscid mucus, catches insects as they fly.

By far the most complicated and best developed prehensile instrument in animal mechanics is that employed by *man*—the human

upper limb. The extreme perfection of all its parts, and particularly of its terminal portion, the hand, makes it admirably fitted, not only for the prehension of food, but also for the execution of all the various caprices and designs of the human will. Thus it not only simply raises the food to the mouth (prehension), but also, with the human intelligence as the real potent factor, aids in the preparation of food by means of fire (cooking).

Thus we learn that the first real step in digestion is prehension: bringing the food to the mouth.

THE MOUTH.

The space included between the lips in front, the pharynx behind, and the cheeks at the side is the mouth. Above the roof of the mouth we have the palate; below, its floor, upon which rests the tongue. The cavity of the mouth, excepting the teeth, is everywhere invested with a highly vascular mucous membrane, with an investment of squamous epithelium. Conical papillæ, for the larger part minute and concealed beneath the epithelium, are found. The lips are separated by the oral fissure. They are composed of various muscles converging to and surrounding the oral fissure. The cheeks have a composition similar to the lips, and their principal muscle is the buccinator. At their back part they include the ramus of the jaw and its muscles, and usually between these and the buccinator muscle is a mass of soft, adipose tissue.

Beneath the mucous membrane of the lips and cheeks there are a number of small, racemose glands, with ducts which open into the mouth. These glands are, in the lips, called labial and, in the cheeks, buccal. They secrete mucus.

There are two parts to the palate: a hard and a soft palate. The hard palate is deeply vaulted and lined with a smooth mucous membrane, except at its anterior part, where it is roughened by transverse ridges. The soft palate is a doubling of the mucous membrane inclosing a fibromuscular layer, also containing racemose glands. It hangs down obliquely from the hard palate between the mouth and posterior nasal orifices. It is a freely movable partition. The uvula is an appendage like a tongue projecting from the middle of the soft palate, and consists of a pair of muscles inclosed in a pouch of mucous membrane.

Palate.—The palate has two crescentic folds of mucous membrane inclosing muscular fasciculi and diverging from the base of the uvula, on each side of the palate outward and downward, one to the

side of the tongue, the other to the side of the pharynx. These folds are known as the half-arches of the palate. The one in front is known as the anterior palatine arch, the one posterior as the posterior palatine arch.

The Fauces.—The fauces are the straits, or passages, leading from the mouth to the pharynx, and correspond with the space included between the half-arches of the palate.

Tongue.—The tongue is composed of muscle and covered with a mucous membrane. It is composed of two symmetrical halves joined in the middle line. By the freedom of its movements it aids in mastication and deglutition, and it is also a great help in articulation, and by the papillæ on its surface forms an organ of taste. The root, or base, is the posterior part, where it is attached to the hyoid bone and inferior maxilla. The body is the great bulk of the organ. Its tip is the anterior free extremity. On the anterior two-thirds of the upper surface of the tongue we find a mucous membrane which adheres most intimately to the muscles beneath. Its surface is roughened by the presence of a number of little papillæ. On the surface of the tongue there are many mucous glands.

Papillæ.—The papillæ are the fungiform, filiform, and circumvallate. These are more minutely described in the section on the sense of taste.

Nerves.—The nerves of the tongue are the lingual of the fifth pair, the glosso-pharyngeal, and the hypoglossal.

THE TEETH.

In form, structure, and number the teeth vary very considerably among different animals, which is markedly shown in the classes, *carnivora* and *herbivora*. In most animals the teeth are worn down by use and eventually decay. The exception is found in that class of animals that constantly nibble; their incisors are peculiar in that there are deposits of fresh dentine within and upon the pulp and of enamel upon the anterior surface, thus giving a continuous growth. They are the *rodentia*.

Among mammalia, and particularly in man, the teeth are developed in two sets: (1) the *first*, less numerous and smaller set, called the *temporary*, or *milk, teeth;* and (2) a *second* set, larger and more numerous, called the *permanent* teeth.

The *temporary,* or *milk,* teeth are usually *20* in number, *10* in each jaw. In each jaw there are *4 incisors, 2 canines, and 4 molars.* When the milk teeth drop out they are followed by the permanent teeth.

The *permanent* teeth are 32 in number, 16 in each jaw, consisting of *4 incisors, 2 canines, 4 bicuspids,* and *6 molars.*

There are three distinct parts in a tooth: crown, root, and neck.

The crown, or body, is the protruding portion of the tooth; the portion inserted in the alveoli of the jaws is the root, or fang. The slightly constricted part enveloped by the gum is the neck. The fang is firmly fastened to the sides of the alveolus, in which it is inserted by fibrous tissue, which is continuous with the periosteum of the jaws. When the jaws are closed the under incisors are inclosed by the upper ones, but the grinding surface of the molars is in contact.

Temporary Teeth.—There are 20 milk teeth, 10 in each jaw, or 5 on each side of the jaw; that is, 2 incisors, 1 canine, and 2 molars. The temporary set resembles the permanent in form and structure. The teeth are, however, fewer in number, smaller in size, and characterized by the bulging out of the crown close to the neck, making the latter very sharply defined.

The milk teeth die off and so give room for the second and more permanent set. They die partly in accordance with the rule of epithelial tissues and drop off, since all such tissues are expelled after their death; then, too, the jaws grow as the being passes from infancy to adult life, when larger and more numerous teeth must replace the smaller ones, so as not to impair the efficiency necessary to masticate quantities of food proportionate to the demands of the growing body.

Permanent Teeth.—There are 8 incisors, and they form the 4 front teeth in *each* jaw, and are named incisors because they divide the food. The upper incisors are the larger.

The canine teeth are 4 in number, larger than the incisors. The upper canines are usually called the *eye teeth,* and they are longer and larger than the canine teeth in the lower jaw. In the carnivorous animals, like the dog, the canine teeth are usually large; hence the name of canine. The lower canines are popularly known by the name of stomach teeth. There are 4 premolars, or bicuspids, in each jaw. They are shorter and smaller than the canines. The bicuspids of the upper jaw are larger than those of the lower jaw. The function of the bicuspids is to cut and grind the food. The molars are 12 in number, 3 on each side above and below. Their large crown and their great width are the chief distinguishing characteristics. The upper molars have 3 conical fangs, the lower ones 2. The last molar is the wisdom tooth, so called because it appears about the twentieth year, when the individual is assumed to have acquired wisdom. The molars are intended for the grinding of food.

Structure of the Teeth.—If a tooth is split in its long axis the surface exhibits, besides the pulp-cavity, three different kinds of materials Dentine forms the greater part of the yellowish-white substance; the capping of the crown is enamel; and the translucent, thin investment on the fang is cement, or crusta petrosa.

The main bulk of the tooth is composed of dentine, giving it shape and containing the pulp-cavity. It consists of about 28 parts of organic matter and 72 of earthy material. Dentine resembles bone both physically and in chemical constitution. When subjected to microscopical examination we find the dentine penetrated throughout by fine tubes called dentinal tubules. The inner end of these tubules open into the pulp-cavity, whence they radiate in every part of the dentine toward the surface of the tooth. They have a direction generally parallel, with a wavy, undulating course. In the pathway toward the periphery they subdivide into several parallel branches which anastomose with each other. The average diameter of the tubule is $^1/_{4500}$ inch. Near the end of the tubule the arrangement is in globular spaces which communicate with each other and are known as the interglobular spaces of Purkinje.

Enamel.—The hardest of all organized substances is known as enamel. It is a bluish-white material capping the crown of the tooth. It is thickest on the triturating surface of the tooth. Chemically it consists of 3 parts of organic matter and 97 of earthy matters, principally calcium phosphate. Under the microscope the enamel appears in the form of hexagonal columns about $^1/_{5000}$ inch in diameter.

The Cement, or Crusta Petrosa.—This substance covers the fang of the tooth, gradually becoming thicker toward its extremity. It is like true bone, and contains lacunæ and canaliculi. Externally it is covered by dental periosteum. In old age the cement grows thicker and may close up the entrance to the pulp-cavity.

THE SALIVARY GLANDS.

The parotid gland is named from its position near the ear. It is the largest of the salivary glands. It extends upward as far as the zygoma, as far down as the angle of the lower jaw, and inwardly between the ramus of the jaw and the mastoid process. The duct of the parotid, called Stenos, has the diameter of a crow-quill, is two inches in length, and runs across the masseter to open into the mouth opposite the second molar tooth.

The parotid has a full supply of blood-vessels, which run through it. The nerves of the parotid are the auriculo-temporal and the

cervical sympathetic. In the dog and cat the parotid derives its nerve-supply from the glosso-pharyngeal through the small petrosal and the otic ganglion, the fibers finally running in a branch of the auriculo-temporal.

The submaxillary gland is separated from the parotid by a process of the deep cervical fascia. It is beneath the mylohyoid muscle, is below the curve of the digastric muscle, and on the outside covered by the subcutaneous cervical muscle and skin. It is about one-third the size of the parotid, and its duct of Wharton is about two inches in length. The duct opens on the side of the lingual frænum. The blood-vessels are branches of the facial and lingual. The nerves are those from the submaxillary ganglion and through this from the chorda tympani. The sympathetic also supplies this gland.

The sublingual gland rests on the floor of the mouth and is seen beneath the side of the tongue as a ridge. It has a half-dozen ducts called the Rivinian, which open on the ridge which marks the position of the gland on the side of the frænum.

STRUCTURE OF THE SALIVARY GLANDS.

These glands are of the compound racemose variety. The alveolus has a duct ending in it. The alveoli are united by the blood-vessels and a small amount of loose connective tissue with lobules. The alveoli of the salivary glands are divided into two classes, according to the kind of secretion, one kind giving a secretion containing mucin, the other kind secreting a more watery fluid containing a large amount of serum-albumin; hence the alveoli are mucous or serous. The sublingual chiefly secretes mucus, the parotid chiefly serum-albumin. The submaxillary secretes both kinds. In most of the alveoli of the glands there are found cells of a kind differing from the mucin-cells, as in the submaxillary of the cat, where they form an almost complete outer layer next to the basement membrane, inclose the mucin-cells, and are called "marginal cells." In the dog's submaxillary they are only seen as semilunar masses known as the half-moons of Gianuzzi. The lymphatics lie closer to the alveoli than the capillary network of blood-vessels. The lymphatics begin in the form of lacunæ between and around the alveoli. The nerves pierce the basement membrane and arborize between and around the cells of the alveoli.

PHARYNX.

The pharynx is a funnel-like cavity running from the under surface of the skull down to the level of the fifth cervical vertebra, where

it ends in the œsophagus. There are 7 openings communicating with it: the 2 posterior nares, the 2 Eustachian tubes, the mouth, the larynx, and the œsophagus. The walls of the pharynx are musculo-membranous. The interior is lined with a soft, red, mucous membrane containing many glands. Squamous cells are the chief variety of epithelium lining the mucous membrane. Next is a fibrous coat, then a muscular coat, and outside of this a fibrous investment which attaches it to the skull. The muscular coat includes the superior, middle, and inferior constrictors of the pharynx, which are concerned in deglutition. Lymphoid tissue is very abundant at the upper back part of the pharynx, and a number of lymph-follicles lie between the orifices of the Eustachian tubes, forming the pharyngeal tonsil.

ŒSOPHAGUS.

This tube extends from the fifth cervical down to the ninth dorsal vertebra. It is about nine inches long and less than an inch in diameter. It is narrowest at its commencement and gradually enlarges. It has three coats: from the outside, muscular; a middle coat, fibrous; and an internal, or mucous, coat. The muscular coat has a layer of longitudinal fibers and a circular layer, the upper end of the œsophagus has striated fibers, while the lower half has plain, unstriped fibers. The mucous coat is paler than that of the pharynx and mouth. In ordinary circumstances the mucous membrane is in longitudinal folds. It contains minute papillæ and a squamous epithelium. The nerves of the œsophagus are the vagus and the sympathetic.

THE MECHANICAL PROCESSES OF DIGESTION OCCURRING IN THE MOUTH, PHARYNX, AND ŒSOPHAGUS.

MASTICATION.

This is a voluntary act whereby the food is comminuted by the teeth, jaws, and muscles concerned in this act, aided by the tongue, palate, cheeks, and lips. The bulk of the work is accomplished by the biting and grinding movements of the lower teeth against the upper ones.

From the manner of its articulation with the skull the lower jaw is capable of performing three primary movements, together with combinations of these same, viz.: up and down, side to side, with projection and retraction. The muscles concerned in producing these movements are the masseter, temporal, and internal pterygoids, which

raise the lower jaw; the inferior maxillary division of the fifth nerve innervates them. The depression of the jaw is accomplished mainly through the action of the digastric, aided considerably by gravity. The side-to-side, or lateral, movements are due to the separate action of the external pterygoids. Their united contraction gives projection of the lower mandible, to be retracted by a part of the temporal muscle. The innervation of the pterygoids is also by the inferior division of the fifth.

Mastication is particularly important when solid and fibrous foods are eaten, to prepare them by comminution for the fermentative action of the various digestive fluids. When improperly performed repeatedly a severe form of dyspepsia ensues.

During mastication there is performed a separate and distinct act, *insalivation*, or the mixing of the food with saliva. By means of it, the dry, hard portions of food are moistened and softened better to fit them for swallowing; at the same time the mucous membrane is lubricated to allow free movement of the food over its surface and the surfaces of the teeth are freed from accumulations of food during mastication which otherwise would collect and impede its progress. A fever patient attempting to swallow a dry cracker affords ample illustration of the mechanical value of the saliva during mastication.

DEGLUTITION.

The swallowing of the food, which has been named the act of *deglutition*, is performed by the aid of the tongue, fauces, pharynx, and the œsophagus or gullet. For the purpose of description only, since the process in reality admits of no lines of distinction, this act is usually said to comprise *three stages: first*, that in which the food is forced backward from the mouth, through the fauces, into the pharynx. This act is voluntary, though usually performed unconsciously, being ascribed to the movements of the tongue itself. The *second* stage is that in which the bolus is made to travel along the middle and lower part of the pharynx to the œsophagus. This second act is more complicated and requires quicker movements, because the nasal and laryngeal orifices are open, but past which the food must go without entering. The main motive power for this performance is gained by the contractions of the three constrictors, aided by the synchronous action of other muscles, whose duty is to occlude temporarily the nasal and laryngeal openings. The opening into the nasal cavity is closed by the elevation of the soft palate, uvula, and the contraction of the posterior pillars of the fauces. Just above the

laryngeal opening and at the base of the tongue is a small, leaf-shaped piece of cartilage, the epiglottis. It was formerly believed that the laryngeal orifice was guarded during deglutition by the retraction of the tongue pressing down the epiglottis to fit it firmly. But, as removal of the epiglottis did not interfere with normal swallowing, it was learned that the real safeguard was the contraction of the *aryteno-epiglottic folds.* The *third* stage is that in which the bolus descends along the œsophagus to enter the stomach. This stage is performed by the intrinsic contractions of the muscular fibers of the œsophagus-walls. As is known, its muscular fibers are arranged in two layers: one circular, the other longitudinal. The upper third is composed of striated muscle-fibers, the lower two-thirds of the plain, or unstriped, variety. Accordingly in the upper third the movement of the bolus is more rapid than in the lower two-thirds. The movement through the œsophagus is that known as *peristaltic,* or vermicular. The second and third stages of deglutition are involuntary. When the death-rattle occurs it is caused by the pharynx not contracting around the bolus.

Swallowing of Fluids.

From what has been said previously it will be readily perceived that the act of deglutition of both liquids and solids is a muscular act, and not, therefore, dependent upon gravity. Thus, horses and many other animals drink with their heads low, so that the fluid must needs be forced up an inclined plane to reach their stomachs. Sometimes jugglers, while standing upon their heads, perform the feat of drinking.

The deglutition of boli or food was, for convenience, divided into three stages, but so quickly is the passage of liquids accomplished that physiologists are able to recognize but one movement when they are swallowed. We are indebted to the experiments and observations of Kronecker and Meltzer for an explanation of this process; according to them, there is an action resembling, in the main, that of a force-pump, whereby the mass of liquid is propelled with extreme rapidity through the pharynx and œsophagus.

It is by the contraction of the two *mylo-hyoids* that the liquid is put under high pressure and shot along in the direction of least resistance: through the pharynx and œsophagus. This pair of muscles is greatly aided by the simultaneous action of the two hyoglossi muscles. These two pairs of muscles, by acting in unison, form a sort of diaphragm to push the root of the tongue backward and downward, at the same time performing a force-pump action upon the

liquid to be swallowed. So quickly is the passage of the liquid accomplished that the pharyngeal and œsophageal muscles have not time to contract about the mass of liquid; in fact, they are inhibited during the passage of liquids through their respective channels. After the liquids arrive in the stomach the act of deglutition ensues for the purpose of removing the liquids adhering to the walls of the œsophagus.

This statement is substantiated very strikingly in cases of poisoning by carbolic acid and other corrosive substances. The mouth and tongue, from longer contact, are always burned, while the pharynx and œsophagus may escape altogether, or, at most, are but slightly burned. The escape of the latter is due to the rapid transit of the corrosive substance through them. However, the cardiac entrance of the stomach is always very much corroded before the sphincter relaxes for admission into the stomach.

When the ingested food has been thoroughly insalivated or is semisolid, there begins to be a departure from the three-stage act toward the force-pump action of liquids. When the food is very much liquefied the latter action is very prominent; so that any fixed line for the swallowing of food or liquids does not exist.

Nervous Control of Deglutition.

Deglutition is a reflex act. Every reflex act requires an afferent set of sensory nerves, a reflex center, and an efferent set of motor nerves, that of swallowing no less so than any other. The sensory nerves have their terminations in the mucous membrane of the pharynx and œsophagus, including branches of the *glosso-pharyngeal* to the tongue and pharynx, branches of the *fifth* to the soft palate, and the *superior laryngeal* branch of the vagus innervating the glottis and epiglottis. The reflex center lies somewhere forward in the medulla. The *efferent* nerves are: Branches of the *fifth*, which supply the digastric, mylo-hyoid, and muscles of mastication; the *facial*, which supplies the levator palati; the *glosso-pharyngeal* supplies the muscles of the pharynx. Stimulation of the central end of the superior laryngeal calls out an act of deglutition. Stimulation of the central end of the glosso-pharyngeal arrests it. The *inferior laryngeal branch* of the vagus innervates the muscles of the larynx, while the *hypoglossal* is distributed to the intrinsic muscles of the tongue. Division of the two vagi is followed by paralysis of both œsophagus and stomach, with a very firm contraction of the circular band of fibers guarding the cardiac orifice. Therefore these nerves send *motor* fibers to the œsophagus and stomach, but *inhibitory* ones to the cardiac

sphincter. So firm is the tetanic contraction of the sphincter that if food is swallowed after division of the vagi it accumulates within the œsophagus, no part of it passing into the stomach.

The act of swallowing inhibits the vagus center, for a single act of deglutition increases the pulse-rate. This influence upon the heart-beat is dependent upon neither the amount, character, nor temperature of the bolus swallowed. It is influenced only by the reflex act and the summation of other acts. It also has an inhibitory influence upon the respiration. This is very evident during rapid drinking in an animal with a tracheotomy tube. For increasing the activity of the heart's action a tablespoonful of water taken in a large number of swallows is more beneficial than a glass of wine taken in one swallow.

THE CHEMICAL CHANGES OCCURRING IN THE MOUTH DURING DIGESTION.

As before stated, the chief aim of digestion in the animal economy is the reduction of the alimentary substances into a soluble and absorbable condition before they can pass through the various animal membranes and so become components of the tissues and blood of the body. No matter how soft, through the influence of insalivation, or finely divided and triturated by reason of mastication, the food may be, it cannot become a constituent of the body until it has been acted upon chemically and dissolved by the various ferments present in the different digestive fluids.

When food enters the mouth. the commencement of the digestive tract, the first digestive fluid that it comes in contact with is the saliva. Besides its mechanical functions of moistening and softening the food to render easier the task of swallowing it in the form of boli, it performs other duties of a *chemical* nature.

First, by reason of its watery base, it has the power to dissolve saline substances, the organic acids, alcohols, sugars, and a few other substances soluble in water.

Secondly, it has the power to transform certain materials, as starches, into maltose, a form of sugar. The starch must have its cellulose coat dissolved by boiling, however, for the ferment in saliva will not act readily upon cellulose. The active, transforming principle in saliva is an unorganized ferment, or enzyme, to which the name *ptyalin* has been given. The conversion of starch into sugar by it is known as the *amylolytic* action of saliva. Its action is by mere contact, for no appreciable change in quantity or character is noted in

it after its functions are performed, and so active is it that it is able to convert two thousand times its own weight of starch into sugar.

Ferments do not initiate a chemical action, but alter the velocity of reaction, which occurs in their absence, only then much more slowly or much more quickly.

Saliva, as it appears in the mouth, is a thick, glairy, generally frothy and turbid fluid. It is a mixed fluid, its secretions being derived from the parotid, submaxillary, and sublingual salivary glands, and contains mucin procured from the labial, lingual, and buccal glands. Then, too, it contains some *débris* of food, bacteria, and the so-called salivary corpuscles. Its thick, ropy nature is due to the presence of the mucin in it. Normal saliva is alkaline in reaction, although in some forms of dyspepsia it becomes somewhat acid. The specific gravity ranges from 1.002 to 1.006.

The amylolytic action of saliva is sensitive to changes of temperature, a low temperature either retarding its action or stopping it altogether, while increased temperature causes greater activity until 40° C. is reached, which is considered the optimum point. Above that mark the heat becomes injurious.

During the proper mastication and insalivation of a mouthful of food there occurs to the starches present a splitting up into dextrin and maltose; the dextrin is later converted into maltose also. This occurs more quickly with erythrodextrin, which gives a characteristic red color with iodine, than with achroödextrin, which gives no color with iodine.

The amylolytic action of saliva is best favored by a neutral medium, although it can take place when the environment is slightly alkaline or acid. The slightest quantity of free acid in excess stops its action at once. Its normal condition in the mouth is slightly alkaline or neutral. In these media the splitting-up process takes place quickly; but, since the food is usually held in the mouth for so short a time, all the starches cannot be transformed during the period of mastication. As the gastric juice contains free hydrochloric acid, it has been generally thought that immediately the bolus of food comes in contact with the gastric juice the ptyalin of the saliva is killed and its amylolytic action stopped. Recent researches have proved that the transforming continues in the stomach for some time after its entry, the time ranging from fifteen to thirty minutes. That is, until *(a)* the alkalinity of the saliva has been neutralized and *(b)* until a trace of free hydrochloric acid remains in excess. According to Veldin, free hydrochloric acid does not occur in the stomach until about three-fourths of an hour after a meal.

The action of saliva upon starch is very readily seen by test-tube experimentation. In a tube is placed a quantity of boiled starch, which is viscid and gelatinous in nature and rather turbid in appearance. That it is true starch may be shown by the iodine test, a blue color resulting. With the starch in the tube is mixed a quantity of saliva. Soon there is a marked change: the solution becomes more watery and thinner and the turbidity disappears. On boiling a portion of this transparent solution with Fehling's solution a cuprous oxide is precipitated, showing the presence of sugar in the form of dextrose or maltose. The saliva also contains traces of an inorganic substance, potassium sulphocyanide. Tincture of iron stains it red.

In the resting serous gland when stained with carmin it is found that the cells are pale, with but little color, and containing a few minute granules. The nucleus is small sized, without a nucleolus; in shape, irregular, and red stained. The shrinking of the nucleus is well marked. In the active stage the cells are smaller, the nuclei are round, with sharp walls containing nucleoli. The contents of the cell are turbid, due to the lessening of the clear substance and an increase of granules. The carmin stains the cells more profoundly.

The salivary glands are greatly influenced by nervous activity. The submaxillary is supplied by the chorda tympani, which contains two kinds of fibers: the secretory and the vasodilator. If you give atropine you can paralyze the endings of the secretory fibers while the vasodilator still continue their activity. Injection of sodium bicarbonate into the duct of Wharton arrests the action of the secretory fibers and leaves intact the vasodilators. Pilocarpine and muscarine increase the flow of saliva by stimulating the endings of the chorda tympani and will remove the paralysis of them by atropine. Opium makes the mouth dry by acting on the center of salivation. The salivation by mercury is due to excessive metabolism of the gland-cells themselves. When the chorda is stimulated by electricity the pressure in the excretory duct is greater than the blood-pressure of the animal. During this stimulation the temperature is elevated. When the chorda tympani is stimulated the blood-vessels of the gland dilate and the veins are red and pulsate because the arterial blood rushes rapidly through them. The antagonistic nerve which slows the secretion of saliva, both in the submaxillary and parotid gland, is the cervical sympathetic. At the same time, owing to its vasoconstrictors, the blood-vessels are contracted. Hence in the submaxillary we have as a secretory nerve the chorda tympani; in the parotid the auriculotemporal. The nerve playing against them both is the cervical sympa-

thetic. The reflex center for the salivary secretion is situated in the medulla oblongata, near the origin of the ninth and seventh cranial nerves. The afferent nerves are the nerves of taste, the chorda tympani and the glosso-pharyngeal and sensory branches of the trigeminus; the efferent nerves are the auriculo-temporal and chorda tympani.

GASTRIC DIGESTION (DIGESTION IN THE STOMACH).

The stomach is the principal organ of digestion. As we know, digestion has for its aim the rendition of the organic and inorganic substances ingested from the external world into such a condition that they can readily mix with the blood and so be introduced into the living tissues of the body. For no animal can exist which does not receive materials for its support from the environing media. To accomplish this aim both chemical and mechanical changes are closely interwoven. In the stomach, as one of the principal organs, is performed a large and important share of the whole digestive process; as it were, it is one of the large departments of a mechanical and chemical laboratory or establishment in which every department is working toward a definite end: the digestion of the food. Unlike the amylolytic changes of the saliva which best occur in an alkaline solution, stomachic digestion is an acid digestion.

The stomach is the first organ into which the food passes as it leaves the œsophagus. It is the most enlarged or dilated portion of the entire alimentary canal, being located in the left hypochondriac, epigastric, and right hypochondriac regions. It is a large muscular pouch, and extends from the œsophagus to the small intestine. The greater extremity of the stomach is to the left and communicates with the œsophagus by the cardiac orifice. The pyloric end is the lesser extremity, and at the right communicates with the small intestine by the pyloric orifice.

The fundus is the greater extremity of the stomach, and projects several inches to the left of the œsophagus. The lesser extremity for about two inches of its length is slightly constricted, and is called the pyloric antrum. The pyloric orifice is the entrance to the duodenum, and is about a half-inch in diameter. It contains the pyloric sphincter, or valve.

STRUCTURE OF THE STOMACH.

The stomach has four coats: from the outside, serous, muscular, fibrous, and mucous. The serous coat is derived from the peritoneum.

The muscular coat contains three layers of unstriped muscular fibers. The layer of longitudinal fibers is continuous with that of the œsophagus, from which it radiates over the stomach.

The middle layer is composed of circular fibers. These circular fibers gradually accumulate toward the pyloric extremity and form a thick band known as the pyloric sphincter. The internal layer consists of oblique fibers. The submucous coat is made up of areolar tissue and forms an extensible layer upon which the strength of the stomach mainly depends. The mucous membrane of the stomach is soft to the touch and of a pale-pinkish color. Under excitement it becomes reddened. During digestion and when inflamed it has a deep-red hue. It is thin at the fundus and gradually thickens toward the pyloric extremity. In this place it ordinarily is in a state of wrinkles or rugæ, which are longitudinal in great part. At the pyloric orifice a thick circular fold acts as a part of a valve called the pyloric valve.

Structure of Mucous Membrane.

Upon an examination with a feeble magnifying power there is found on the mucous membrane a great number of depressions about $^1/_{200}$ inch in diameter, which are the openings of the glands of the stomach. The mucous membrane is lined with a columnar epithelium. The tubular glands of the stomach are placed side by side and number several millions. These glands have a basement membrane, which separates the glands from one another and in which the capillaries spread a fine network over the tubules. They have also a blind end. They are two kinds of gastric glands: the cardiac and the pyloric. The pyloric glands have at their mouth an epithelium which is a continuation of the columnar epithelium of the stomach. In the tubules the epithelium is shorter and more cubical and granular. In the fundus glands and cardiac glands the epithelium is composed of short columnar cells, and these cells have coarser granules than the pyloric glands. These are the central, or adelomorphous, cells. Between these cells and the basement membrane there are other cells, oval in shape, with distinct oval granular nuclei, called the parietal, or delomorphous or oxyntic, cells.

The blood-vessels of the stomach are derived from the three divisions of the cœliac axis. The veins are the tributaries of the portal vein, and contain numerous valves. The nerves are the vagus and sympathetic. Numerous small gangliated plexuses are found: those of Meissner in the submucous coat, like those in the intestine; and Auerbach's, between the muscular fibers, also found in the intestine.

Movements of the Stomach.

Dr. Beaumont, upon a human stomach, ascertained that a very feeble peristaltic contraction begins at the cardiac orifice, to proceed toward the pylorus by way of the greater curvature, for only along it is any movement apparent. The wave grows stronger until the special band separating the antrum from the fundus is reached, when the contraction becomes so strong that the stomach presents an hour-glass appearance. Immediately the entire antrum contracts at one time as a unit; so that, if the contents are properly acted upon by the gastric secretion, they are propelled by this movement through the pylorus into the duodenum. If, as very frequently happens, the semi-liquid mass contains solid portions of too great bulk to pass through the opening, a muscular wave is set up in the opposite direction. The direct result of this is to force into the fundus through the now relaxing temporary sphincter the food-mass, from where the whole process is begun again. These movements occur with a certain degree of regularity and rhythm, once in about every two or three minutes; the time and regularity are, however, much influenced by the quantity and quality of the food ingested. As a result of these combined movements, not only is the chymified food propelled into the duodenum, but there are set up regular currents among the contents.

Dr. Cannon has studied the movements of the stomach in cats by means of the Roentgen rays. He states that the stomach consists of two physiologically distinct parts: the pyloric part and the fundus. Over the pyloric part while food is present constriction waves are seen continually coursing toward the pylorus. The fundus is an active reservoir for the food, and squeezes out its contents gradually into the pyloric part. The stomach is emptied by the formation between the fundus and the antrum of a tube along which the constrictions pass. The contents of the fundus are pressed into the tube and the tube and antrum slowly cleared of food by the waves of constriction. The constriction waves have three functions: the mixing, trituration, and expulsion of the food. The stomach movements are inhibited when the cat shows anxiety, rage, or distress. Cannon has observed in cats that carbohydrate food appeared in the intestine in ten minutes, while proteid did not leave for an hour. Proteids also remained in the stomach twice as long as the fats.

CLOSURE OF THE PYLORUS.

Each time the acid chyme escapes it sets up a reflex act which temporarily occludes the pyloric orifice and at the same time inhibits

the propulsive movements of the organ. The acid mass of chyme escaping the pylorus excites an increased secretion of pancreatic juice and the acid is gradually neutralized. When this is accomplished the escape of further acid chyme is permitted. This regulatory action prevents disorder in the progress of digestion and at the same time insures regularity in the transition from the acid gastric digestion to the alkaline intestinal one.

THE NERVOUS CONTROL OF THE STOMACH.

As known to-day, the nerve-supply to the stomach is from both the cerebro-spinal system and the sympathetic; its connection with the former is through the medium of the vagi, with the latter by the splanchnics through the solar plexus. The fibers of both systems as distributed to the gastric muscles are nonmedullated. The functions of the vagi have been conclusively proved to be motor, for when they are stimulated by chemical, thermal, or other irritants there results a peristalsis throughout the whole viscus. On the contrary, the fibers from the sympathetic system are inhibitory; when they are stimulated, peristalsis is stopped and there is dilatation of the sphincter pylori. The stomach also has movements of its own independent of the central nervous system.

THE GASTRIC JUICE.

Gastric juice mixed with food and water can readily be obtained by the gastric sound or stomach-pump. Pure gastric juice cannot be procured thus, for when the stomach is empty the flow of gastric juice ceases and any surplus remaining in the stomach seems to be reabsorbed. Its flow is begun again only as the result of stimuli; the natural ones and those producing what alone may be termed *normal* gastric juice are food and drink.

Normal gastric juice has been procured by feeding an animal a fictitious meal. In this process the food swallowed does not reach the stomach, but passes out of the œsophagus through a fistula. The eating has the power to excite reflexly the flow of the secretion.

Gastric juice thus obtained from a dog is "a clear, colorless, limpid fluid, very acid, and peptic in nature. The liquid is practically odorless; if there is any odor at all present it is characteristic of the animal. Its specific gravity differs very little from that of water."

The largest constituent of the gastric juice is water. In man and animals it is remarkable to note the small quantities of solid matters present and then view the immense amount of work done by them in the digestive processes. Of the solids present, about half are inorganic

salts; the remaining portion comprises the organic ferment, or enzyme, present in gastric juice—pepsin.

The reaction of gastric juice is undoubtedly acid, caused by the presence of free hydrochloric acid (0.2 per cent.). In the pure secretion, free from food, it has been demonstrated that the only acid is hydrochloric. Acid is necessary, for the active ferment of gastric juice, pepsin, can act only in an acid medium. During digestion, lactic, acetic, butyric, and other acids are often present, due to putrefactive changes and the presence of bacteria. Pepsin can act in the presence of these acids as media, but not very well.

Schmidt's analysis of the composition of gastric juice is as follows:—

Water	994.40
Solid residue	5.60
	1000.00
Organic matter:	
Pepsin	3.19
Inorganic matter:	
Chloride of sodium	1.46
Chloride of potassium	0.55
Chloride of calcium	0.06
Free hydrochloric acid	0.20
Phosphate of calcium Prosphate of magnesium Phosphate of iron	0.12

Secretion of the Gastric Juice.

Imbedded in the mucous membrane of the walls of the stomach are two sets of secretory apparatuses: the *cardiac* and *pyloric glands.* Naturally, the products of these glands differ somewhat in their characters; so that the gastric secretion as a unit is a mixed body, or solution. This "mixed" gastric juice is a secretion compound of a very small percentage of free hydrochloric acid together with the proteolytic ferment, pepsin, in a rather saline solution. We know that the pepsin, for instance, of the gastric juice, is not found as such in the blood and requiring only to be filtered from the same for use, but that it is the result of the activity of the cells and yielded by them.

A characteristic microscopical feature of the cells of secretory glands in general is that the protoplasmic portions are crowded with fine granular bodies before secretion, but that during and particularly after secretion their numbers are very perceptibly diminished. From

this it was inferred that, while the granules might not in themselves represent the important ingredients of the various secretions, yet they were responsible and directly concerned in their manufacture.

The cardiac glands are composed of two distinctive types of cells: columnar epithelium lining the lumen and the large spherical or oval cells located on the periphery. The former are termed *chief,* or *central,* the latter *parietal,* cells.

The pyloric glands are constructed of but the one kind, epithelial in nature, similar to those found in the cardiac cells and termed *chief,* or *central.*

The central cells of both the cardiac and pyloric glands are found to be heavily charged with minute granules before digestion; in fact, such numbers are present as to interfere with the staining of the cells with aniline dyes because of the protoplasm being obscured. During secretion some of the granules are discharged into the lumen, presumably through the protoplasmic movements of the cells as agents or media. After digestion, therefore, the cells show a difference, principally in that there is a decrease in the number of granules present, manifested by either a clear path along the periphery or by a shrunken appearance of the cells with fewer granules. The materials for the formation of these granules is taken by the cells from the lymph which constantly bathes them and through the influence of the protoplasm manufactured into granules.

The central are the cells which are directly concerned in yielding the very important and proteolytic element of the gastric juice, the pepsin. Without its presence in an acidulated medium, the normal processes of proteolysis are unable to be accomplished in the stomach. These granules are not pure pepsin to be passed along the lumen and so enter the composition of the gastric juice, but are, rather, a zymogen substance acting as a precursor and which is readily converted into pepsin through the influence of the acid. To this intermediate substance has been given the name *pepsinogen.*

The large oval or *parietal cells* also contain granules which are very few in number and small in size, though quite distinct. These are very constant in quantity, the cells showing mainly differences in size. Thus, before secretion they are swollen, afterward shrunken. They are frequently termed *oxyntic,* as they are thought to secrete hydrochloric acid, one of the essential compounds of the gastric secretion. The exact process, however, is still shrouded in mystery. It is thought to result from a simple process of diffusion in the parietal cells of chlorides taken from the blood, for during secretion the

quantity of chlorides leaving the blood through the kidneys is diminished. Maly's theory with regard to this is very satisfactory. In it he claims that the acid originates by the interaction of the calcium chloride with the disodium hydrogen phosphate of the blood. The interaction is simplified by the following equation of Maly's:—

$$\underset{\text{Disodium hydrogen phosphate.}}{2Na_2HPO_4} + \underset{\text{Calcium chloride.}}{3CaCl_2} = \underset{\text{Calcium phosphate.}}{Ca_3(PO_4)_2} + \underset{\text{Sodium chloride.}}{4NaCl} + \underset{\text{Hydrochloric acid.}}{2HCl}$$

Formed in the central cells is another zymogen than pepsinogen, which, when mixed with acid, produces an enzyme, or ferment, known as *rennin*. This ferment has the power to coagulate milk, forming casein. Rennin is found wherever pepsin is manufactured, although distinctly different in character and action. There are vegetable pepsins, like papain of *Carica papaya* and bromelin of the pineapple.

The fluid is not poured out at the same rate from the beginning to the end of digestion. The Mett method of preparing the proteid is to fill a glass tube, one to two millimeters in diameter, with egg-albumin and coagulate it at 95° C. The tube is then cut into small pieces and placed in 1 or 2 cubic centimeters of the juice to be investigated. The law of Schuetz is as follows: The quantity of pepsin in the compared liquids is proportionate to the square of the rapidity of digestion; that is, the square of the column of proteid in a Mett tube expressed in millimeters which the juices are capable of digesting in the same period of time. If one of the fluids digest a column of 2 millimeters of proteid and the other a column of 3 millimeters, the relative quantity of pepsin in each is not expressed by the figures 2 and 3, respectively, but by the squares of them; that is, 4 and 9; so that the second liquid is two and one-fourth times stronger than the first.

Not only the quantity of the secretion varies, but the secretion varies in composition with a greater or less quantity of ferment. Other properties of the juice are likewise varied. In one and the same juice the different ferments may suffer variations, running courses independently of each other, a fact which undoubtedly shows that the pancreas, which has a complex chemical activity, is able to furnish, during given periods of its secretory work, now one product and now another. That which may be said of the ferments may also be applied to the quantities of the salts in the juices. The gastric juice always has the same acidity as poured out by the glands, but on running over the walls of the stomach the mucus can neutralize 25 per cent. of it. The food also neutralizes the acid.

At the beginning of digestion, when the quantity of food is large and its external structure still coarse, the strongest juice should be poured out when most needed. The greatest digestive power belongs to the juice poured out on bread, which might, for brevity, be called "bread-juice"; the next strongest is "flesh-juice," and then comes "milk-juice." In other words, "bread-juice" contains four times as much ferment as "milk-juice." Not alone the digestive power, but likewise the total acidity, varied according to the nature of the diet. Comparing equivalent weight, flesh requires the most and milk the least gastric juice; but taking equivalents of nitrogen, bread needs the most and flesh the least. The hourly intensity of gland work is almost equal in the case of milk and flesh diets, but far less with bread. The bread, however, exceeds all others in the time required for its digestion, and the duration of the secretion is correspondingly protracted.

Each separate kind of food corresponds to a definite hourly rate of secretion, and calls forth a characteristic alteration of the properties of the juice. Thus, with flesh diet the maximum of secretion occurs during the first or second hour, and in both the quantity of juice furnished is approximately the same. With bread diet we have always a sharply indicated maximum in the first hour, and with milk a similar one during the second or third hour. On the other hand, the most active juice occurs with flesh in the first hour, with bread in the second and third hours, and with milk in the last hour of secretion. The point of maximum outflow as well as the whole curve of secretion is always characteristic for each diet. On proteid in the form of bread five times more pepsin is poured out than on the same quantity of proteid in the form of milk, and the flesh-nitrogen requires 25 per cent. more pepsin than that of milk. These different kinds of proteid receive, therefore, quantities of ferment corresponding to the differences in their digestibility, which we already know from experiments in physiological chemistry.

Excitants of Flow of Gastric Juice.

In his dog adapted for sham feeding Pawlow cut up meat and sausage before the dog, when he obtained a great flow of gastric juice, more so than when he fed the dog with them and they escaped by the œsophagus. Here is a psychic excitation of the gastric secretion, which plays a considerable part in the production of gastric juice in the sham feeding experiment.

The appetite is then the first and mightiest exciter of the secre-

tory nerves of the stomach. A good appetite in eating is equivalent from the outset to a vigorous secretion of the strongest gastric juice. Sham feeding of five minutes does not call forth a secretion for longer than three to four hours.

Mechanical excitation of the mucous membrane of the stomach does not cause the flow of gastric juice. Sodium bicarbonate in the stomach inhibits its secretion. Liebig's extract or meat-broth introduced into the stomach increases the secretion of gastric juice. Fat in the stomach inhibits the psychic secretory action of the stomach upon meat. The fat of milk can inhibit its digestion to a certain extent.

The secretory activity of the stomach depends on nervous processes. In the immense majority of cases gastric digestion begins by a strong central excitation of the secretory and trophic fibers of the glands.

Secretory Nerves of the Stomach.

In a dog with a cannula in the stomach and the œsophagus opened so that food leaving the mouth goes through the opening in the œsophagus, and not into the stomach ("sham feeding"), the swallowing of food caused a great increase of flow of gastric juice. If, now, the pulmonary and abdominal vagi are divided on both sides, then sham feeding causes no flow of gastric juice. These experiments show that the gastric glands receive their normal impulses to activity by means of nerve-fibers in the vagi. Pawlow believes that secretory nerves of the stomach run in the vagi. Pawlow also excited the vagi after a previous section for some days and obtained an increase of gastric secretion. Atropine paralyzes the secretory nerves of the stomach. By the secretory fibers we mean those, according to Heidenhain, which stir up the secretion of water and inorganic salts of the gastric juice. The trophic fibers are concerned in the secretion of the ferment of the gastric juice. Sooner or later after the taking of food the influence of the reflex excitant comes into play, while the psychic effect dies out. If meat has been eaten the secretory center will still be strongly excited in a reflex manner from the stomach and intestine, while at the same time the trophic center receives only weak impulses from the peripheral terminations of the nerves in question. When bread is eaten the reverse happens. After the cessation of the psychical stimulus the secretory fibers are now only weakly excited through the end-apparatus; the trophic, on the other hand, are strongly influenced. In the case of fat foods reflex inhibitory impulses proceed to the centers which affect the activity of both secretory and trophic nerves.

ACTION OF AGENTS ON THE STOMACH.

When absolute alcohol or a strong emulsion of oil of mustard is introduced in the small stomach (Pawlow) there was an enormous secretion of mucus.

Ice-cold water in the large stomach (Pawlow) causes the secretion, which is subsequently produced by an ordinary meal, to be less

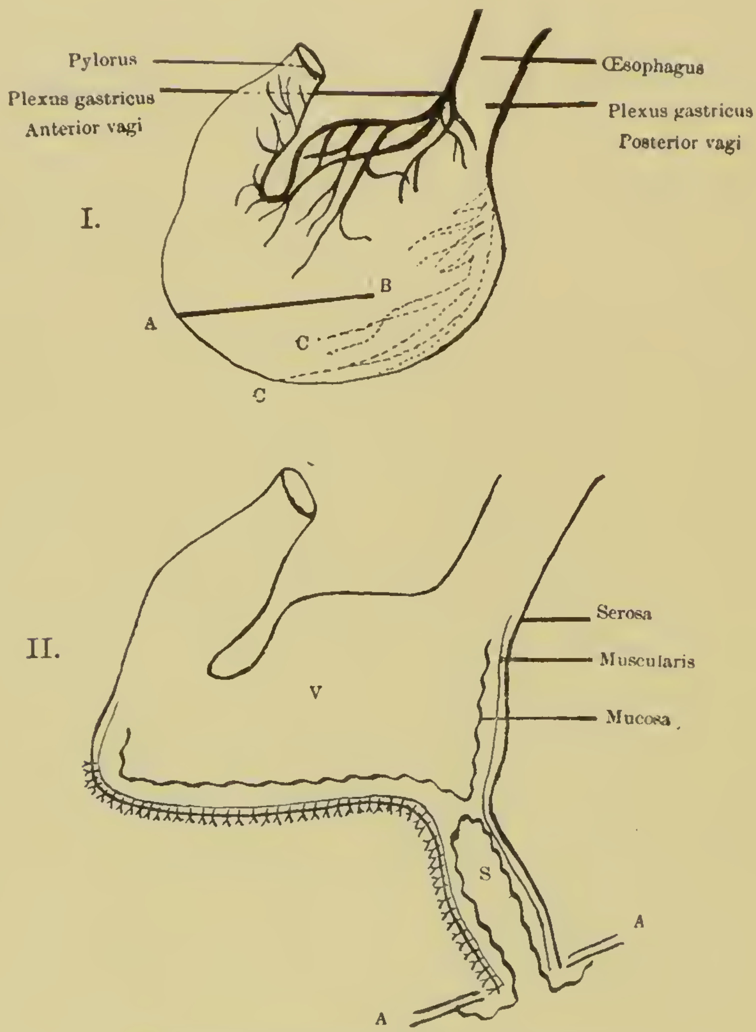


Fig. 5.—Dog's Stomach. (PAWLOW.)

I. *A-B*, Line of incision. *C*, Flap for forming stomach-pouch of Pawlow. II. *V*, Cavity of large stomach. *S*, Pawlow's pouch, or small stomach. *A*, *A*, Abdominal wall.

than normal, more especially in the first hour; here is a special inhibitory reflex.

When alcohol is poured into the large stomach (Pawlow) an extremely free secretion of gastric juice begins in the small stomach (Pawlow). The secretion in the small stomach was compensatory for the arrested secretion in the large stomach.

In hypersecretion of the stomachs of dogs he found sodium bicarbonate to have a good effect. In hyposecretion he found water a good agent.

Bitters act in promoting gastric secretion by exciting a change of the taste, an appetite. The unpleasant taste-impressions of bitters by contrast awakens the idea of pleasant ones.

Hydrochloric acid, when secreted in considerable quantity, prevents further secretion of gastric juice. Phosphoric acid does not inhibit. Butyric acid excites strongly gastric secretion.

ACTION OF THE GASTRIC JUICE.

The amylolytic action of the saliva, conversion of starch into maltose, was dependent upon the presence of ptyalin, an organic ferment whose action is best carried on in a neutral or alkaline medium. The proteolytic action of the gastric juice is due to the presence of *its* organic ferment, or enzyme,—pepsin,—in an acid medium. A partial digestion of certain foodstuffs can be accomplished in an acid solution, if given sufficient time and the proper temperature. There is, however, a strong tendency toward putrefaction during the process. On the other hand, pepsin alone is unable to perform any dissolution or digestion of the foods with which it comes into contact. But, if to it a 0.2-per-cent. solution of hydrochloric acid is added, proteolysis proceeds quickly and energetically. The powers of the gastric juice cannot be attributed to the presence, then, of its acid or pepsin alone, but to a combination which may be termed *pepsin-acid*. Thus gastric digestion is an acid digestion, and demands a knowledge of chemistry, for it is in many respects a chemical act. The result of the action of gastric juice on food is essentially the same whether the act takes place within the body or outside of it. Life has nothing to do with it, for it is a chemical action on the proteids of the food. In the stomach, then, the main process of digestion is the conversion of the proteids, through intermediate stages, into peptones, for proteids are incapable of diffusion through animal membranes in the act of absorption.

Thus it can safely be stated that the prime and essential function of the gastric secretion is to dissolve the proteids present and convert them into peptones.

Gastric juice exercises no amylolytic influences upon any starch present; in fact, three-fourths of an hour after a meal, the action going on due to the saliva swallowed with the food is stopped altogether by reason of traces of free hydrochloric acid secreted by the oxyntic cells.

There is a fat-splitting ferment in the gastric juice of the fundus.

Those mineral matters which can be dissolved in hydrochloric acid of the strength of that found in the gastric juice are also dissolved in the stomach. The degree of solubility and efficiency attained by the gastric secretion far surpasses that of simple, diluted acid, probably because of the pepsin found in the former.

Although the amylolytic action of the saliva on starch takes place for a definite interval, the gelatinous envelopes of the fat-globules and mineral substances are dissolved within the receptacle of the stomach, yet the essential and characteristic feature of the work to be done there is on the proteids: converting them into peptone through the action of proteolysis.

The proteids found in Nature are very complex and as yet not thoroughly known. However much they, as individuals, may differ in composition, reactions, etc., yet they all possess an inherent tendency to undergo hydrolytic decomposition when conditions are favorable. Hydration and cleavage can be induced by simple heating in water alone raised to the temperature of 100° C., for there results partial solution of the proteids during the process. The proteolytic process of the gastric secretion in its converting proteids into peptones is also one of hydration and cleavage. The final products are not the result of one simple step, not the formation of one simple body or substance. as when the proteids are acted on by heated water alone. The acid in gastric digestion induces a row of chemical changes and products, each separate and distinct, and capable of being recognized by certain reagents.

By the action of *pepsin-acid* the proteid is first changed into (1) *syntonin,* or *acid-albumin.* By further action of the ferment the acid-albumins are changed into (2) *proteoses,* with their divisions into *primary* and *secondary proteose.* The proteoses are the intermediate products between acid-albumins and peptones. These are found under various names in this group; as, the proteoses may be derived from albumin, when they are called albumoses; or from globulin, when the name globuloses is used. The proteoses are soluble in warm water, acids, and the alkalies. They are only slightly diffusible and coagulated by the action of heat. Nitric acid produces a white precipitate, which is colored yellow by heat and dissolved again. When *cool,* the precipitate occurs again; this recurrence of the precipitate upon cooling is a distinctive feature of proteoses.

By the continued proteolytic action of the gastric juice, the proteoses are changed into (3) *peptones,* the final, diffusible products

of gastric digestion. They are simply the result of a process of hydration.

The peptones are very diffusible, particularly in acid solution. The utility and benefit to be derived from that characteristic is very evident when we keep in mind the chief aim of digestion: to render foodstuffs into soluble conditions so that they may be readily absorbed and so become a component of the blood and eventually of the tissues.

The peptones are soluble in water, but not precipitated from their aqueous solutions by the addition of acids or alkalies, or by boiling. In fact, peptones are never coagulated by heat. They are not precipitated by nitric acid, copper sulphate, ammonium sulphate, and a number of other reagents usually held as precipitants of proteids.

A cold mixture of peptones with a strong solution of caustic potash will give, on adding only a *trace* of cupric sulphate, a decided *pink* color. Other proteids give a violet color. However, the chief and striking feature of peptones is their great diffusibility. Other forms of proteid matter pass through animal membranes with very great difficulty, if at all.

When the proteids have been reduced to peptones, they are ready for absorption into the blood through the capillary walls. However, proteoses, the intermediate products, although less diffusible than peptones, find their way, to some extent, also, through the capillary walls. Experiment has demonstrated that pure proteoses or even peptones introduced *directly* into the blood are more or less toxic, and the system behaves toward them as foreign bodies, striving to get rid of them as speedily as possible. From this it is evident that there must be some transformation in the *very act* of *diffusion through* the *capillary walls,* else the nutritious proteid matters are not used in constructive metamorphosis, but expelled as foreign matters. The agencies which act upon these proteoses and peptones in some manner destroy their toxic tendencies and probably convert them into the serum-albumin, or globulin, of the blood. The fact that peptones are not found in the blood and lymph during or directly after digestion confirms this idea, since peptones are absorbed as soon as manufactured. An excess of peptone in the stomach-contents would have the power to arrest proteolysis by its mere presence. A preparation on the market is somatose, a mixture of albumoses produced by the action of a ferment on meat. It is a predigested beef, and readily absorbed. It dispenses with so much fluid as is necessary in peptonized milk.

Antiseptic Action of the Hydrochloric Acid in Gastric Juice.

Besides the function which hydrochloric acid exercises as a component of the gastric secretion,—namely: of rendering the pepsin in it active,—it possesses another very powerful property as a *disinfectant* and *germicide* in that it can kill many bacteria that are taken in with the food. By means of it the bacteria producing putrefaction are killed, and thus disorders in the entire constitution as a result of abnormal digestion are prevented. Even when putrefaction has occurred in the food previous to its entrance into the stomach, upon reaching this receptacle it is stopped.

Many pathological bacteria are likewise destroyed by the acid in the juice, although some, as the bacillus of tuberculosis and that of splenic fever, are unaffected. It is interesting to note that experiment has shown that just about the amount and strength of hydrochloric acid as that in the stomach is needed *outside* the body to accomplish the death of putrefactive and many pathological germs. Acetic and lactic fermentations are arrested by mere traces of hydrochloric acid.

To epitomize: The general action of gastric juice is to convert the proteids into peptones by various stages. The fats are split up. Starch is unaffected.

The general result is a souplike mass in the stomach, which undigested food is passed through the pylorus into the duodenum of the small intestine, and is called chyme. The average time that food remains in the stomach is about three hours.

Günzberg's Test for Hydrochloric Acid.—With a solution of phloroglucin and vanillin in alcohol mix a drop of a 0.2-per-cent. solution of hydrochloric acid; evaporate slowly in a porcelain capsule, when a red color will appear.

Uffelmann's Test for Lactic Acid.—Add a trace of a solution of ferric chloride to a 1-per-cent. solution of carbolic acid. This amethyst-colored solution will change to canary yellow on the addition of lactic acid.

VOMITING.

Vomiting is a spasmodic rejection of food from the stomach, and is usually a sign of some malady. The ease with which animals vomit is dependent upon the conformation of the stomach, particularly with regard to the fundus, as well as the condition of its contents. Thus, a child vomits easily, since its fundus is not very well developed; with the adult the act is one of great difficulty.

When the person is conscious, vomiting is usually preceded by a sensation of nausea, during which the saliva flows very freely into the mouth. While the food is being swallowed considerable air enters the stomach and later assists actual vomiting by helping to dilate the cardiac orifice. Before the real expulsion occurs and during the efforts to accomplish the same a very deep inspiration is taken just as in the act of coughing. Immediately the glottis closes and the muscles of the abdomen commence to contract very actively. Instead of the glottis opening to permit an expiration, it remains tightly closed, thereby holding the diaphragm immovably fixed and so furnishing an unresisting plate against which the stomach is pressed. Immediately preceding the pressure brought to bear upon the stomach by the contraction of the abdominal muscles, there occurs a shortening of the longitudinal fibers of the œsophagus, thereby bringing the cardiac orifice of the stomach nearer the diaphragm, to form a straight passageway for the vomit to the pharynx. The muscles of the sphincter at the cardiac orifice are rather suddenly dilated, forming a funnel-shaped opening at the beginning of escape, since the pylorus usually remains closed. By the abdominal contractions and slightly assisted by gastric movements also, some of the contents of the stomach is forced into the opening of the œsophagus, where its movement toward the pharynx and mouth is aided by contractions of the œsophageal circular fibers: the reverse of what occurs when a bolus of food is swallowed.

Thus there are two separate and distinct acts occurring during vomiting: *(a)* the dilating of the cardiac sphincter and *(b)* the expulsive movements of the abdominal muscles. The absence of either act is detrimental to the accomplishment of vomiting. The pyloric gate is usually closed during vomiting; so that little or no substances find their way into the duodenum. However, when the gall-bladder is very full, the movements of the surrounding organs force its contents into the duodenum and very frequently some of the bile finds its way into the stomach, from whence it passes out through the œsophagus, pharynx, and mouth in bilious vomiting.

That the expulsive impetus is mainly given by the contractions of the abdominal walls and not the gastric movements alone has been proved by experiment. The stomach of an animal was excised and replaced with a bladder filled with water and attached to the œsophagus by means of a rubber tube. When the wound was closed and an emetic injected, the contents of the bladder were immediately expelled through the mouth.

Vomiting is normally considered to be a *reflex* action, although in some instances vomiting may proceed at will or be acquired after some practice. The afferent nerves are principally the *fifth*, the *glosso-pharyngeal*, and the *vagus*. The center of vomiting is located in the *medulla oblongata*. The efferent impulses are conveyed by the *vagi* to the stomach, phrenics to the diaphragm, and various *spinal nerves* to the abdominal muscles. Thus vomiting may arise:—

1. From irritation of the stomach, as when this organ is too full.
2. From tickling the vault of the palate.
3. From intestinal irritation by worms.
4. From irritation of the uterine mucous membrane during the first three months of pregnancy.
5. The remembrance or sight of disgusting sights, or pathological disorders of the brain may cause it, which proves that the brain is united to a vomiting center.
6. The use of emetics, which do not all act alike.

Thus, some emetics, as copper sulphate, mustard, etc., produce emesis because of their irritating effects upon the peripheral nerves in the mucous membrane lining the stomach. Others, like tartar emetic, apomorphine, etc., attain the same results by reason of their stimulating the vomiting center in the medulla.

DIGESTION IN THE INTESTINES.

When the food is converted into chyme and partially dissolved by the gastric juice, it passes into the small intestine, where it is subjected to new reagents: the bile, pancreatic juice, and intestinal juices. Here the food is prepared for absorption, forming what is called *chyle*, which is rapidly taken up by the chyliferous vessels.

Because of the small and large calibers of the two parts of the intestinal tract, the portions have received the names of *small* and *large intestines*, respectively. The small intestine, the continuation of the stomach, opens into the large intestine by an orifice which is guarded by the *ileo-cæcal valve*. Under ordinary and normal conditions this valve allows the passage of the remnants of active digestion to pass through from the small into the large intestine; very rarely does the reverse occur, except in some cases of hernia and other obstructions in the large intestine.

THE SMALL INTESTINE.

This tube is cylindrical and much convoluted. It occupies the umbilical region and is suspended from the vertebral column by the

mesentery. It measures about twenty-five feet in length, and its diameter is about one and three-fourths inches. As it continues to join the large intestine it becomes slightly narrower. It consists of three parts: the duodenum, jejunum, and ileum.

The duodenum is twelve fingers' breadth in length, and it is the widest part of the small intestine. It commences at the pyloric end of the stomach and opposite the second lumbar vertebra; it terminates in the jejunum. The common bile-duct and the pancreatic duct perforate the inner side of the duodenum.

The jejunum constitutes two-fifths of the small intestine. It is wider than the ileum and is characterized by the absence of the agminated glands. The ileum constitutes three-fifths of the small intestine, and terminates in the right iliac region by joining the large intestine at a right angle.

Structure of Small Intestine.

Like the stomach, the intestine has four coats: (1) the external serous, (2) the muscular, (3) the submucous, and (4) the mucous coat. The serous coat is furnished by the peritoneum. The muscular coat is composed of two layers of pale, unstriped fibers, the external layer of longitudinal fibers, and the internal layer of circular fibers. The submucous coat is thinner than that in the stomach, but is also extensible.

The mucous coat is thinner and redder than that of the stomach, and, like it, has a columnar epithelium. It has folds of mucous and submucous tissue, running in a transverse direction and in the shape of a crescent, which are called the valvulæ conniventes. These valvulæ are more abundant in the upper part of the small intestine, where they overlap the edges. As you go down the small intestine you find the number of the valvulæ gradually lessen, and in the ileum they disappear. These folds are permanent. The minute elevations called villi beset the mucous membrane of the small intestine and even the valvulæ conniventes. They give a velvety appearance to the surface of the small intestine. In the upper part of the small intestine the villi appear as fine folds, but farther down the intestine they appear as flattened, conical projections. The villi are $^1/_{40}$ inch in height and in structure are appendages of the intestinal mucous membrane. They are covered with a columnar epithelium and composed of lymphoid tissue. Inside of the villi are found the lacteal blood-vessels and a few unstriped muscular fibers. In the center of the villus the lacteal begins very near its extremity as a blind end.

The unstriped muscular fibers in the villus run in a longitudinal direction. The number of the villi has been estimated to be about four millions.

Glands of the Small Intestine.

There are four kinds of glands in the mucous membrane of the small intestine. They are: duodenal, or Brunner's; glands of Lieberkühn; solitary; and agminated glands, or Peyer's patches.

Brunner's glands are small, racemose glands situated in the submucous tissue of the duodenum. Toward the end of the duodenum they gradually disappear.

The glands of Lieberkühn are the most numerous of all the glands of the small intestine, and they exist from the pyloric end to the ileo-cæcal valve. They are placed in a vertical direction in the thickness of the mucous membrane and open between the villi. They are about $^{1}/_{100}$ inch in length. They have thin walls lined with a columnar epithelium.

The solitary glands are found in all parts of the mucous membrane of the small intestine. They are minute, whitish, oval or rounded bodies scattered singly in the intestine. They are closed vesicles, and are situated in the submucous tissue. They are lymph-nodules composed of retiform tissue and lymphocytes.

The agminated glands (Peyer's) are formed of solitary glands. disposed in oval patches. Usually there are fifteen to thirty of these patches, from one-half to two inches in length, and one-half inch in breadth. The ileum is their usual habitat, and they are seated opposite the attachment of the mesentery. In the neighborhood of the ileo-cæcal valve they are larger and more numerous. As the duodenum is approached they are smaller and fewer. In youth they are distinct, less so in adult life, and in old age may disappear. They are the seat of ulceration in typhoid fever. The arteries of the small intestine are the superior mesenteric and pyloric. The lymphatics are numerous. The nerves are given off by the solar plexus. Beneath the mucous coat in the areolar tissue of the small intestine are Meissner's ganglia. Between the muscular coats the ganglia of Auerbach can be found.

THE LARGE INTESTINE.

This is a cylindrical tube differing from the small intestine in having a greater capacity and a sacculated appearance. It is about five feet in length and extends from the ileo-cæcal valve to the anus. It encircles the abdomen in its course. Like the small intestine, it

is divided into three parts: the cæcum, colon, and rectum. The head of the colon, the cæcum, is a wide, blind pouch, or *cul-de-sac,* about two and one-half inches in length and breadth. Toward its bottom it curves inwardly and backward and is abruptly reduced to a wormlike prolongation—the vermiform appendix. The small intestine opens into the cæcum, the orifice being guarded by the ileo-cæcal valve. The second and largest part of the large intestine is the colon, and it extends from the cæcum to the rectum. It consists of four parts, the ascending, transverse, and descending colon, with the sigmoid flexure. Its diameter is greatest at its commencement, being about two and one-half inches; but it gradually lessens to an inch. The sigmoid flexure is shaped like the letter S. It is the narrowest part of the colon. The rectum extends from the sigmoid flexure to the anus. It is about seven inches in length. When distended the rectum is club-shaped, being narrow above and expanded just before it contracts to the anus. The anus is completely surrounded by a sphincter muscle.

Structure of Large Intestine.

The cæcum and colon, like the small intestine, have four coats: the (1) serous, (2) muscular, (3) submucous, and (4) mucous. The mucous membrane contains two kinds of glands: the glands of Lieberkühn and the solitary glands. The glands of Lieberkühn are closely set together and give a peculiar sievelike appearance to the surface of the mucous membrane.

Experiments upon the cæcum of the cadaver prove that the action of the ileo-cæcal valve is not dependent upon muscular contraction, for fluid forced through the large intestine rarely passes into the ileum. When the cæcum is filled the dilatation of the same presses upon the folds of the valve so as to squeeze them tightly together and thus prevent any reflux into the small intestine.

MOVEMENTS OF THE INTESTINES.

As was the case with the œsophagus, the intestines are composed of two muscular coats, an outer longitudinal one and an inner circular one. Movements in them are caused by alternate contractions and relaxations of adjoining portions of the tube. To the characteristic movements of the intestines two names have been given to describe two separate forms: (1) *peristaltic* and (2) *pendular.*

Peristalsis.—By this term is implied the alternate contractions and dilatations of adjoining segments to produce a wavelike motion which proceeds from its point of origin anywhere along the intestinal

tract *away from* the stomach. "Antiperistalsis" is the term used to designate the movements running in an exactly opposite direction: that is, *toward* the stomach. This is said *never* to occur under normal conditions.

Pendular Movements.—These are the very slight swinging to-and-fro oscillations, probably caused by the contractions of the longitudinal fibers.

NERVE-SUPPLY OF THE INTESTINES.

The intestines are supplied with nerves from the sympathetic system mainly, with a few filaments from the vagus. The sympathetic ganglia of Auerbach lie between the two muscular coats and extend from the œsophagus down throughout the small and large intestine. Meissner's ganglia, also belonging to the sympathetic system, lie in the submucous coat. The vagi convey motor impulses to the intestine, while the sympathetics mainly convey inhibitory, although they also carry motor, impulses. Slight stimulation of the splanchnic calls out motion, strong stimulation inhibition of the intestinal movements. I have found that, when the vagus is divided in a rabbit and the cardio-inhibitory fibers are allowed to degenerate for five days, electric stimulation of the cut vagus slows the pendular movement.

I have found, also, that eserine, nicotine, and muscarine act on the intestino-motor ganglia, while atropine and opium act on the intestino-inhibitory ganglia.

Salines are supposed to act as aperients by their presence in the blood, causing an increased secretion to be poured out by the blood-vessels into the intestinal canal. The theory of endosmosis has been abandoned.

PANCREAS.

The pancreas is a long gland of a reddish-cream color, and situated behind the stomach. Its pointlike extremity comes in contact with the spleen. It closely adheres to the duodenum. It is about seven inches in length, its width about one and one-half inches, and its thickness about one-half inch. The right and large end is the head; its left free end is its tail. The duct of Wirsung, or the pancreatic duct, the size of a goose-quill, runs the entire length of the gland. Upon leaving the pancreas the duct penetrates the wall of the duodenum, opening, in conjunction with the common biliary duct, about three inches from the pylorus.

Structure.

In structure the pancreas is a compound tubular gland, resembling the salivary glands. In fact, it has very frequently been called

the abdominal salivary gland. The lobes are composed of ducts which have been convoluted, terminating in alveoli or sacs and which unite with other tubules so as to communicate with the main duct. The small ducts are lined with short columnar epithelial cells which are smaller than those of the salivary glands. The secretory cells of the pancreas are large and rounded, being distinctive in that they possess an outer portion which is nearly or quite homogeneous, staining readily with dyes, and an inner portion, very granular, which does not stain easily. The latter forms about two-thirds of the cell. When the gland is inactive the cells are heavily charged with granules and the lumen is almost invisible. When active, the cells first swell up and press outward against the basement membrane, later diminish in size as the granules pass out through the now opened lumen, and so leave a large, clear zone. The presence of these numerous small granules mark the presence in the cells of a zymogen, termed *trypsinogen*, which is the precursor of trypsin, the active ferment of the pancreatic juice. In the interalveolar tissue are islets of small cells permeated with a close network of convoluted capillaries. These cells are also met with in the carotid and coccygeal glands. In the pancreas they are called cells of Langerhans, and are often degenerated in pancreatic diabetes.

The pancreatic blood-vessels are derived from the *splenic* and branches of the *hepatic* and *superior mesenteric*. Its nervous supply comprises networks of fibers from the *splenic plexus*.

Pancreatic Secretion (Pawlow).

Each kind of food determines the secretion of a definite quantity of pancreatic juice, while the result as regards ferments is truly striking. The greatest amount of proteid ferment is found in "milk-juice," less in "bread-juice" and "flesh-juice." The most amylolytic ferment occurs in "bread-juice," less in "milk-juice" and "flesh-juice." On the other hand, "bread-juice" is extraordinarily poor in fat-splitting ferment; "milk-juice," on the contrary, is very rich, "flesh-juice" taking an intermediate position. It is clear that as regards the two latter ferments the properties of the juice correspond with the requirements of the food. The starch-holding diet receives a juice rich in amylolytic ferment, and the fat a juice rich in fat-splitting ferment.

The behavior of the proteid ferment may puzzle. In the work of the gastric glands we saw the weakest, here in pancreatic juice the strongest, ferment poured out on milk. When, however, we take

the quantity of juice into consideration, we find here also that administration of like quantities of proteid in the form of bread, flesh, and milk calls forth a secretion as regards the first of 1978, as regards the second of 1502, and as regards the third of 1085 ferment units; that is to say, vegetable proteid likewise demands from the pancreas the most, milk and milk proteid the least, ferment. The difference between the stomach and the pancreas is limited to this: that the former pours out its ferment in very concentrated form upon bread, the latter in a very dilute condition. This fact strengthens the supposition that in the digestion of bread a large accumulation of hydrochloric acid has to be avoided.

When in feeding animals the kind of food is altered and the new diet maintained for a length of time, it is found that the ferment-content of the juice becomes from day to day more and more adapted to the requirements of the food. If, for example, a dog has been fed for weeks on nothing but milk and bread and is then put on an exclusive flesh diet, which contains more proteid, but scarcely any carbohydrate, a continuous increase of the proteid ferment in the juice is to be observed. The capability of digesting proteid waxes from day to day, while, on the contrary, the amylolytic power of the juice continuously wanes.

When under the influence of a given diet this or that condition of the pancreas had been established in experiment-animals in characteristic form, Pawlow was able, by altering the feeding, to reverse it several times in the same animal. It seems then that the gastric and pancreatic glands have what may be called a form of instinct. They pour out their juice in a manner which exactly corresponds both qualitatively and quantitatively to the amount and kind of food partaken of. Besides, they secrete precisely that quantity of fluid which is most advantageous for the digestion of the meal.

Hydrochloric acid of gastric juice acts on epithelium of duodenal mucous membrane, producing *secretin,* which, when absorbed, greatly excites pancreatic secretion. Fats in the stomach retard stomachic secretion, but increase pancreatic secretion, chiefly by a reflex action through the duodenum, and not from the mucous membrane of the stomach. Sleep does not arrest pancreatic secretion.

Psychical effect, strong craving for food and water, are common excitants for both gastric and pancreatic secretion. The extractives of meat excite the gastric secretion, while acids and fats excite the pancreas.

Sodium bicarbonate and alkalies inhibit pancreatic secretion.

Secretory Nerves of Pancreas.

In nonnarcotized dogs whose vagus was divided four days previously and whose cardio-inhibitory fibers had lost their irritability, Pawlow irritated the vagus without pain and obtained an increased pancreatic secretion. He found that vasoconstriction of the pancreatic vessels prevented the action of the vagus on the pancreas, as did compression of the aorta and pain. He also found in the vagus inhibitory fibers of the secretion, as well as secretory. He believes that secretory fibers also run in the sympathetic, not only for the pancreas, but also for the stomach.

The usual method of obtaining pancreatic juice for experimental purposes is by insertion of a cannula or fistula into the duct of Wirsung. By this method practically normal secretion is procured whose composition is variable at different times, depending upon whether the fluid is collected three or four hours or two or three days after the operation. The secretion examined shortly after the operation is meager in quantity, though rich in solids; that collected a day or two later is more copious, but contains a smaller proportion of solid constituents. This is probably due to inflammatory changes in the pancreas as a result of the operation. The pancreatic juice examined is usually obtained from dogs, human secretions of the gland having been but rarely analyzed and it has never been obtained under quite normal conditions. Most experiments are performed with the aid of an artificial juice made by mixing a weak alkaline solution (1 per cent. sodium carbonate) with a glycerin extract of pancreas. It is usual to treat the pancreas with a dilute acid several hours previous to its being mixed with glycerin to convert the zymogen or mother-substance, trypsinogen, into the ferment, trypsin.

Normally, the pancreatic juice is colorless, viscid, and gummy; it flows in large, pearl-like drops, which become foamy on agitation. The fluid is without odor, and gives to the tongue an impression of a viscid liquid and a taste like that of salt. The reaction is always alkaline; its specific gravity about 1.030.

In consequence of the removal of a pancreatic tumor Zawadski obtained human pancreatic juice through the fistula remaining, which possessed powerful digestive properties, and found it to be made up of the following composition in a thousand parts: 135.9 parts were of solid nature, the remaining ones being water. Of the solid portions, 92 were proteids, 3.4 parts were inorganic in nature, while the remainder were organic substances soluble in alcohol. The figures rep-

resenting the quantities of secretion in twenty-four hours vary considerably as given by different observers, but it has been roughly estimated to average about 8 ounces.

The flow of pancreatic juice is somewhat as follows: Before the meal is finished there begins the secretion, which reaches its maximum point at about the third hour. After this the secretion sinks till about the sixth or seventh hour, when it increases to the ninth or eleventh hour, only to sink gradually to the eighteenth or twentieth. When the quantity is greatest the quality is poorest, and *vice versa*. Thus the function of the pancreas in man is intermittent. During secretion the gland is very red, its vessels dilated, and the venous blood red. During repose the gland is flat and of a pale-yellow color, while its blood-vessels are contracted. The secretion is probably caused by secretin and the reflex action due to the contact of the foods. The pancreatic secretion can be moderated or suppressed equally by reflex action, notably in vomiting.

Of the 3.4 parts of an inorganic nature, the most abundant is sodium chloride, with alkaline and earthy phosphates and alkaline carbonates. The alkalinity of the juice is due principally to the phosphates of sodium. Pilocarpine increases the secretion, while atropine diminishes it.

The *organic matters* of the pancreatic juice comprise *four* principal enzymes or ferments. They are: (1) *trypsin*, (2) *amylopsin*, (3) *steapsin*, and (4) a *milk-curdling ferment*.

Trypsin, a very important constituent of the pancreatic secretion, is much like pepsin of the gastric juice, in that it is a proteolytic enzyme acting on the proteids and transforming them into peptones through intermediate stages. However, its fermentative powers are much stronger and its range of activity extends over more space than do those of pepsin. Although pepsin and trypsin possess many properties in common, yet they are distinctly different and separate bodies. The main, characteristic difference is that pepsin requires an acid medium for its activity, while trypsin acts and performs its functions best in an alkaline solution whose strength ranges from 0.5 to 1 per cent. Experiment has proved that trypsin *can* act in a neutral or *very slightly* acid medium.

A remarkable feature of trypsin is the large and rapid transformation of proteid matter of any kind into peptone which it produces by means of only a moderately strong solution. Thus, it is a very capable body to take up the work of proteolysis where the pepsin of the gastric juice left it, since it is particularly a peptone-forming ferment.

As the final products of pepsin-proteolysis, there resulted *peptones.* When these come into contact with the pancreatic juice, they were quickly broken down into simple, crystalline bodies, as *leucin, tyrosin, aspartic acid,* and arginin.

Like pepsin, the proteolytic action of trypsin is one of contact also, only it displays its powers more remarkably and energetically, in that it needs no environing bodies to set it in action other than water, the proteid matters, and temperature equal to that of the body. Trypsin displays no digestive powers on nuclein, keratin, or starches.

Hydrochloric acid quickly destroys trypsin unless there is great excess of proteid substances present, which means that the acid is combined with them and rendered less active. When a filled pancreas-cell is examined the little granules within are found not to be active trypsin, but the precursor or mother of the ferment. This zymogen, *trypsinogen,* is readily converted into the ferment by the presence of a trace of acid, since a great quantity will immediately kill the newly formed ferment as soon as generated.

Amylopsin.—This starch-splitting ferment converts starch partly into dextrin, but chiefly into isomaltose and maltose. During the first month of life it is thought that no amylopsin is formed; hence children of that age should not be fed starches. Amylopsin differs from ptyalin in that it can digest cellulose, so that it is capable of acting on unboiled starch. In many cases the failure of digestion of the carbohydrates by the amylopsin is associated with drowsiness after meals and slight headache.

The Steapsin, or Fat-splitting Ferment, decomposes the neutral fats into fatty acid and glycerin. It also emulsifies the fats: an activity which is assisted by the bile. One part of the fatty acids set free by the steapsin combines with alkalies in the intestine to form soap. This soap favors the emulsification of the fats. Another part of the fatty acid is absorbed as such and combines with glycerin in the intestinal wall again to form a fat. The steapsin acts best in an alkaline medium, for acids stop it. Glycerin does not dissolve steapsin; so that a glycerin extract is not suitable for an experiment.

The Fourth Ferment present in the pancreatic juice is an unnamed one, which, like rennin, has the power to coagulate milk. It is hardly possible that its powers are exercised extensively, if at all, since the milk is probably coagulated in the stomach by the rennin found there before it ever reaches the duodenum. The so-called "peptonizing powders" are composed of pancreatin and sodium bicarbonate.

From the nature of the resulting precipitates in the transformation of the caseinogen into casein, it is evident that the two ferments —rennin of the stomach and that found in pancreatic juice—are markedly distinct and dare not be confounded. Rennin seems to require the presence of calcium salts before it can produce coagulation, which, when it does occur, presents the casein in the form of a coherent clot entangling in it the fats present. There is squeezed out, as it were, from the closely formed curd a clear, yellowish liquid, known as the whey, containing some proteids with the salts and sugar of the milk.

On the other hand, experimentation shows that the ferment in pancreatic juice does not require the presence of the calcium salts for precipitation of caseinogen; further, that the precipitate which does occur is very *finely granular* in nature; at the same time the milk seems to undergo no change in its fluidity as far as can be distinguished by the naked eye. The presence of certain salts, which entirely check the action of rennin, but slightly hinder the action of the pancreatic ferment. It is believed that this pancreatic casein is not a true casein, for rennin placed in its presence has the power to change it still further, the resultant product being identical with true casein.

Effects Resulting Upon Removal of Pancreas.

It was in 1889 that von Mering and Minkowski by experiment upon the lower animals proved that removal of the pancreas was in every case followed by the appearance of dextrose in the urine, a condition known as diabetes, plus those symptoms marking the absence of pancreatic secretion in the intestinal canal during digestion. In the blood there was as much as 0.5 per cent., while in the urine the 8-per-cent. mark was reached. These investigators found that animals presented the identical characteristics as do human beings suffering from the same disease, namely: an abnormal excretion of water with the appearance in the urine of dextrose, acetone, and aceto-acetic acid. Another step was determining that this condition is not due to want of the pancreatic secretion in the intestine by tying the duct of Wirsung or else plugging it and its branches with paraffin, but allowing the organ to remain in its proper position in the body. The presence of a certain proportion of the whole gland, even though its secretion be not allowed to reach the intestines, will prevent diabetes; absence of this diseased condition is still maintained though a portion of the gland be removed from its normal position to be transplanted elsewhere.

From these data it would seem that the pancreas possesses virtues in the general economy other than that of merely producing pancreatic juice.

Any disturbance to these functions is felt, not only in the gland itself, but throughout the entire body, since then its metabolism is disturbed. Thus is very clearly established one other instance showing the intimate relation that each and every organ or part bears to the general mechanism of the entire body as a unit and the consequent general disturbances following its disease.

The transfusion of diabetic blood into a normal animal fails to produce within the recipient any diabetic symptoms. From this we learn that there was no accumulation in the blood of poisonous matter which the pancreas was supposed to remove. From the facts noted it is apparent that removal of the pancreas produces diabetes not from any influence upon surrounding sympathetic ganglia or hindrance to passage of its secretions into the intestinal canal, but is caused by the removal from the system of something, as yet undetermined, which something possesses powers aside from those employed in digestion. The salivary glands, whose structure is similar to that of the pancreas, when removed give no untoward results. When the structures of these two glands are minutely and carefully examined, it is found that there is but one difference: in the parenchyma of the pancreas there are present little cells,—of Langerhans,—epithelial in appearance, richly supplied with blood-vessels, but having no connection with the alveoli or ducts of the gland. It is now believed that there is some internal secretion manufactured by these patches of Langerhans cells in the pancreas which is a very powerful factor in the disintegration of carbohydrates, but whose removal allows the abnormal production in the blood and urine of dextrose. The sugar present has been shown by Dr. Lusk to be in a proportion which bears a fixed relation to the nitrogen found in the urine; hence the sugar must arise from the breaking down of the proteid molecule of cells.

Leucin, Tyrosin, and Arginin.

The continued action of the ferment trypsin produces a chain of simple crystalline bodies of a nitrogenous nature. The crystalline bodies formed are leucin and tyrosin. Leucin crystallizes in the form of spheroidal crystals; tyrosin in the form of fine, silky needles. A body called arginin is also formed at the same time. This body by hydration is changed into urea in the intestine and absorbed. Drechsel has estimated that about one-ninth of the urea excreted could arise

from this source alone. Arginin has also been found in the helianthus: a product of vegetable proteid metabolism.

Leucin ($C_6H_{13}NO_2$) is an a-amido-isobutylacetic acid, belonging to the fatty acid series. It is always formed in any profound decomposition of proteid, such as boiling with dilute acids or alkalies, in tryptic digestion, or putrefaction. It has been found in nearly every tissue of the body in some proportion or other, being particularly common in pathological conditions of the tissues. It may be produced synthetically in the chemical laboratory.

Tyrosin ($C_9H_{11}NO_3$) belongs to the aromatic group, and is known as oxyphenyl-amido-propionic acid. It is a constant associate of leucin. It is from tyrosin, however, that cresol and phenol are formed.

I have found an infusion of the pancreas, when injected per jugular, decrease the pulse and the arterial tension; afterward the tension rose.

LIVER.

The largest gland in the body is the liver. Its shape is that of a triangular prism or ovoidal, with its long diameter transverse. Its convex surface is against the diaphragm. Its concave surface is in contact with the stomach, colon, and right kidney. The right and left lateral ligaments, with the suspensory ligament, hold it in position. It weighs from three to four pounds. The right portion of the liver is much larger than the left. It is also thicker and extends lower in the abdomen and higher in the thorax. It is of a firm structure, smooth on the surface, and of a reddish-brown color. The liver has five lobes, five fissures, five ligaments, and five vessels. The chief fissure to remember is the transverse, and is the point where the blood-vessels and nerves enter the liver and where the lymphatics and excretory duct emerge. The lobes are the quadrate, caudate, right and left, and lobus Spigelii, the most important being the right and left. The vessels are the hepatic artery, vein, and duct, the portal vein, and lymphatics. The nerves are derived from the solar plexus, and the left vagus has some fibers going to it. The whole organ is insheathed in a very fine coat of areolar tissue known as Glisson's capsule.

Structure.

The hepatic substance is readily torn and has a granular appearance; these coarse granules, corresponding with the distinct one hundred and five spots seen on the surface, are polyhedral, and are the lobules of the liver. These lobules are $^1/_{12}$ inch in diameter. In studying the relation of these lobules to the blood-vessels and ducts of

the liver it is found that an extreme branch of the hepatic vein commences in the axis of every lobule and emerges at its base to join a larger branch. This connection of veins and lobules reminds one of the attachment of the leaves by their midribs and stems to the branches of trees.

The capsule of Glisson divides the liver-substance into these lobules, for the areolar tissue enters the transverse fissure of the liver.

Microscopically, each lobule is made up of epithelial cells, naturally spheroidal, but because of compression are more or less polyg-

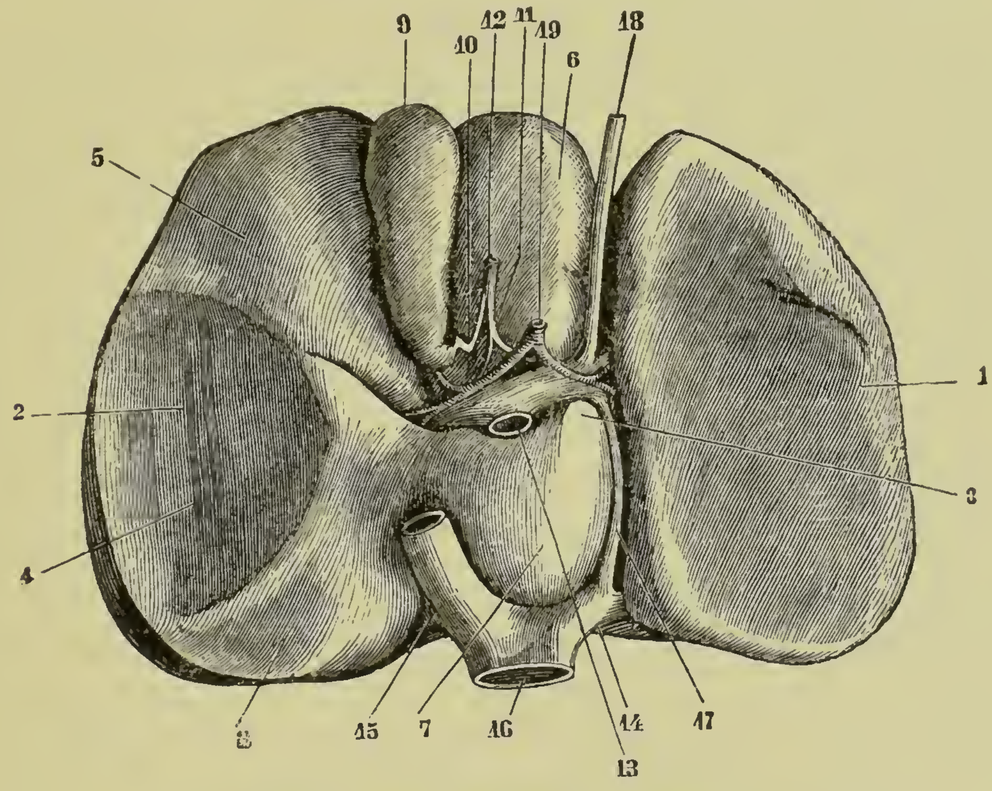


Fig. 6.—Liver of Man. (Duval.)

1, Left lobe. 2, Right lobe. 6, Lobus quadratus. 7, Lobus Spigelii. 9, Gall-bladder. 10, Cystic duct. 11, Hepatic duct. 12, Common biliary duct. 13, Portal vein. 14, 15, Hepatic veins. 16, Inferior vena cava. 19, Hepatic artery.

onal. These, the true liver-cells, are about $^1/_{1000}$ inch in diameter, containing protoplasm with large, round nuclei which have one or more nucleoli. The cells are held together by an albuminous cement-substance; in it are fine channels containing the bile-capillaries.

The *portal vein* also has its course in the portal canals, where it divides and subdivides. By its division *between* the lobules in the interlobular connective tissue it forms the *interlobular vein*. From this vein fine capillary branches are given off, which pierce the envelop-

ing membrane of the lobule to find their way toward its center in a converging manner. In their course to its center they pass in close proximity to the hepatic cells, and it is here that the real secretion of the bile takes place. From the point of union of the capillaries in the center of the lobule there proceeds a single, straight vein, called the *intralobular vein*. Arrived at the base of the lobule, this vein empties its contents into the *sublobular* vein, a radicle of the hepatic vein, which empties into the inferior vena cava.

The hepatic artery does not furnish the blood for the secretion of bile. Its function is to furnish a blood-supply to Glisson's capsule and to the investment of the lobules and the walls of the bile-ducts.

The course of the *bile-ducts* is very similar to that of the portal vein and hepatic artery. They have their origin as a very fine intercellular plexus formed within the lobule in the cement-substance joining the hepatic cells. All cells, except those in contact with capillary blood-vessels, are completely girdled with bile-capillaries. Intracellular passages pass from the bile-capillaries into the interior of the liver-cells. After numerous anastomoses the bile-ducts form larger ones, to leave the liver through the hepatic fissure as two main branches. Toward the exit the bile-ducts become correspondingly larger, with increase in the thickness of their walls. These are found to contain fibrous tissue with bundles of nonstriped muscle-fibers plus small mucus-secreting glands. Within each lobule are three networks: a network of blood-capillaries, a network of liver-cells, and a network of bile-capillaries.

The Gall=bladder.

The gall-bladder acts as the natural reservoir for storage of the bile. It is a pear-shaped bag of a musculo-membranous texture, capable of containing rather more than a fluidounce and situated upon the under side of the liver in a fissure fashioned for it. It is about four inches long, one inch at its fundus, or base.

The *structure* of the gall-bladder consists of three coats: an outer, *serous* coat; a middle, *fibrous;* and an inner, *mucous* coat. The fibrous coat contains both circular and longitudinal fibers. The inner surface of the bladder is lined with mucous membrane, which is of a yellowish-brown color.

The hepatic duct, formed by union of two bile-ducts issuing from the liver, is about one and one-half inches long. By its joining the cystic, also about one and one-half inches in length, is formed the common bile-duct, known as the *ductus communis choledochus*. This,

the largest of the three, is three inches long, with the diameter of a goose-quill, emptying with the pancreatic duct into the duodenum through a common opening.

Functions of the Liver.

The liver, being such an important gland, naturally occupies a very prominent position in the general metabolism of the economy. Its principal functions are: the formation of an internal secretion, *glycogen;* the formation of urea; and, last, the production of the bile, in which as a vehicle many poisonous products within the body are expelled.

Bile is a thick, golden-colored liquid of a very bitter taste. Its secretion by the liver represents only one subsidiary function of the many performed by this important gland. It represents waste albuminous matters, together with coloring pigments and mineral salts dissolved in water. Though primarily an excrementitious substance performing the necessary functions of such, it, however, possesses some powers to aid intestinal digestion, both directly and indirectly. These will be discussed under the head of "Uses of Bile."

The secretion of bile is a continuous process, for a supply, though scanty, is constantly passing into the duodenum. The arrival of chyme in the duodenum immediately calls forth an increased amount, to be followed by a second increase some hours later. It is in the intermission between meals that the liver is least active, and it is then that only a small supply reaches the duodenum. It continues during pains the most violent, in intestinal congestion, and in peritoneal inflammations.

Contrary to the plan of all the other secreting and excreting organs, the main supply of blood to the liver, and from which its secretion, the bile, is formed, is *venous:* from the portal vein. The function of the hepatic artery is to supply structures and membranes only. Since the portal vein furnishes the supply, the bile is secreted at a very much lower pressure and therefore more slowly than those secretions from glands whose supply is arterial, as the pancreas and salivary glands. It is quite natural that a fluid so complex as the bile demands for its preparation a much longer period of time than one which contains only water, salts, and certain principles of the blood. Though not directly governed by nerve-influences upon the portal vein, the supply to the liver is varied.

Compared with the size of the liver, the secretion is small and slow and holds but little relation to the mass of blood traversing it.

The quantity secreted *per diem* has been variously computed at two pounds. Its specific gravity in man averages 1.026; reaction, neutral or slightly alkaline.

Chemical Properties and Constituents of the Bile.

Bile mixes with water, producing no turbidity; heat produces no coagulation because of the absence of any coagulable proteids. Alcohol precipitates mucin, diastase, and bilirubin, if the latter is present. Acetic acid precipitates mucus; lead acetates, the biliary salts. When in contact, bile rapidly destroys the red blood-corpuscles.

Bile contains both organic and inorganic materials. Those organic are mucin, biliary pigments, biliary salts, cholesterin, lecithin, neutral fats, soap, urea, and diastase. In organic matters are water, chloride of sodium, and phosphates of iron, calcium, and magnesium.

The means by which the various components of the bile are formed is as yet not thoroughly understood. Some of its constituents may exist in the portal blood; thus the pigment is produced by the decomposition of the blood. If hæmoglobin itself or substances which are capable of separating the coloring matter from the red corpuscles be injected into the portal blood, there is a proportionate increase in bile-pigment. Biliary acids are not preformed in the blood, for upon extirpation of the liver there follows no appearance of them in the blood. Evidently the hepatic cells must exert some functions as yet not understood.

The composition of human bile is approximately as follows:—

			parts in 1000.
Water			982
Solids	Mucin and pigments	1.5	18
	Bile-salts	7.5	
	Lecithin and soaps	1.0	
	Cholesterin	0.5	
	Inorganic salts	7.5	

Bile-mucin.

The latest investigations show that human bile contains real mucin.

Bile-salts.

There are two salts of bile, both having sodium as a base. These are glycocholate and taurocholate. These two acids are very closely related to each other, for on boiling with stronger acids a common nonnitrogenous body is obtained called cholalic acid, and an amido-acid which contains nitrogen. The glycocholic acid gives glycin and

the taurocholic acid gives taurin, which contains sulphur. In man these acids exist in variable proportions. The bacteria of the intestinal canal break up the bile-salts.

Fig. 7.—Taurin. (DUVAL.)

Glycocholic acid is a monobasic acid, crystallizing in long, fine needles. Taurocholic is also monobasic; it crystallizes with great difficulty, forming fine, deliquescent needles, which in solution have a bitter-sweet taste. Proteid is the source of glycin and taurin.

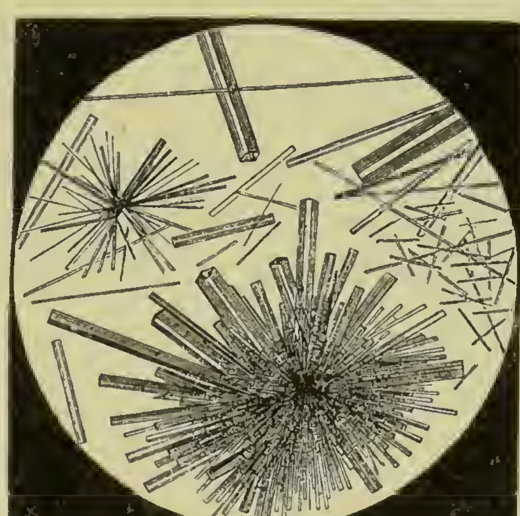


Fig. 8.—Glycocholic Acid. (DUVAL.)

Subcutaneous and venous injection of bile-salts cause coma and depression.

Hay's Sulphur Test for Bile-salts.—On the surface of bile or a solution holding bile-salts sprinkle flowers of sulphur, which will sink to the bottom of the tube, while on most other liquids they will float.

The bile-salts lower the surface tension of fluids in which they are dissolved.

Pettenkofer's Test for Bile-acids.—Take a small quantity of cane-sugar with sulphuric acid and add to the bile, when on slight heating a purple color is produced which shows absorption bands in the spectrum. The acid on the cane-sugar produces a body called furfuraldehyde, which sets up a reaction with the cholalic acid to produce the color.

The Bile-pigments.

Normally, the color of the bile is due to the presence of but two bile-pigments: *bilirubin* and *biliverdin*. When pathological, other characteristic ones have been described. Depending upon the proportion of each present, the color may range from reddish brown to grass-green. They are formed from the hæmoglobin of the blood—the mother of all the bile-pigments. In man and carnivora bilirubin predominates and gives to the bile its yellow color; the green color of that of herbivora is due to biliverdin.

Bilirubin, being identical with hæmatoporphyrin, represents the iron-free pigment of the bile; its formula is $C_{16}H_{18}N_2O_3$. This is the permanent pigment of the bile and may also appear as a calcium compound in red gall-stones. When exposed to the air and in an alkaline solution, it oxidizes very readily, changing into biliverdin; because of this, bile, when standing, assumes a greenish tint.

Biliverdin is present in all biles of a greenish color. It occurs as such in the liver-secretion of herbivora, but may be obtained by allowing human and carnivorous bile to oxidize slowly by exposure to the air. Its formula is $C_{16}H_{18}N_2O_4$, having one more atom of oxygen than bilirubin.

When bilirubin arrives in the intestine the bacteria generate nascent hydrogen, which reduces it and generates another pigment, the coloring matter of the fæces, called stercobilin. This stercobilin when absorbed and excreted in the urine is called urobilin.

Gmelin's Test for Bile-pigments.—Add to some bile some nitric acid containing nitrous acid, when there will be a play of colors: green, blue, purple, and yellow. These tints are due to the oxidation of bile-pigments. The green is biliverdin; the blue, bilicyanin; the purple, bilipurpurin; and the yellow, choletelin.

Cholesterin.

Cholesterin is a monovalent alcohol. It is present to some extent in all protoplasmic structures,—blood-corpuscles,—but particularly in

bile and nervous tissues. In the latter it forms a very important part of myelin. In the bile it forms but a small proportion of its contents —from 1 to 5 per cent. It is insoluble in water and dilute saline solutions, but readily soluble in ether, chloroform, alcohol, etc.; in this respect it resembles fat, though not a true fat. In bile it is readily dissolved, because of the presence of bile-salts. If for any reason the latter should be insufficient, the cholesterin passes out of solution to form concretions around any foreign particles or previously hardened concretions, forming a gall-stone combined with bilirubin. Besides its characteristic crystals, cholesterin is also detected by various color-reactions in the presence of iodine and sulphuric acid.

The general presence of cholesterin in so many parts and cells of the body leads to the impression that it is a cleavage product of

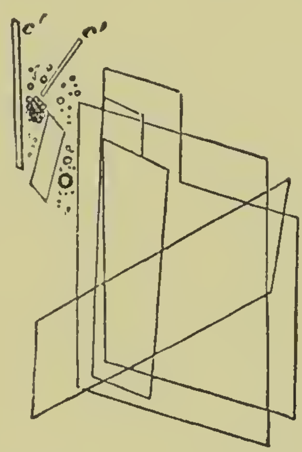


Fig. 9.—Crystals of Cholesterin. (Duval.)

metabolism, being one of the waste-elements in the life of the cell, especially the nerve-cell. Being absorbed by the blood, it finds its way to the liver, there to be elaborated and so appear in the bile. Being an excrement, it is not reabsorbed, but is expelled from the economy as a part of the fæces. Pathological changes in tissues are always marked by an increased quantity, which may be accounted for by loss of vitality in the diseased cells so that they are unable to break down the cholesterin.

Cholesterin is not poisonous to animals. Like lecithin, cholesterin is held in solution in the bile by the bile-salts.

Lecithin is found chiefly in nervous tissues, red corpuscles, and the bile. When lecithin is taken by the mouth it is broken up in the intestine into cholin, a poisonous alkaloid; but the intestinal bacteria destroy it a once, producing methane, carbonic acid, and ammonia.

Uses of Bile.

In fasting not a drop of bile enters the intestine. Fat, meat extractives, and the products of digestion of egg-albumin set up a free discharge of the fluid. Bile accentuates the activity of the pancreatic enzymes, especially the fat-splitting ones, the action of which was increased twofold. The pancreatic secretion in its hourly rate corresponds closely with the entry of bile into the intestine under the same conditions of diet. The similarity is most striking. Bile arrests the action of pepsin, which is injurious to ferments of pancreatic juice, and favors the ferments of the latter, especially the fat-splitting one.

Bile is principally excrementitious. It partly emulsifies the fats and contributes to their solution by the soap which the alkalies of the bile produce. By thus rendering the fats alkaline in part they are able to come in closer touch with the intestinal mucous membrane, to be absorbed by it. Endosmotic experiments have proved that the fats are imbibed and traverse more easily membranes that are impregnated with an alkaline solution than those simply wet with water. Experimentally, when the bile is turned out of its course, the chyliferous vessels are not filled with white, milky fluid, only one-seventh of the normal amount of chyle being absorbed.

As an excrementitious substance, the bile may serve as a medium for the separation of the excess of carbon and hydrogen from the blood, particularly during intra-uterine life.

When the chyme passes into the duodenum, the glycocholate and taurocholate of sodium are broken up by the acid in the chyme to form sodium chloride, at the same time setting the bile-acids free. Immediately they are precipitated, carrying down with them the pepsin, making the chyme alkaline and more turbid, due to the precipitation of the unpeptonized proteids. This thickening of the stomach contents aids very materially in slowing the movements of the digested products through the intestines, thus giving the villi and blood-vessels more ample time to absorb nutritious substances.

By rendering the chyme alkaline it aids the action of the pancreatic juice, which is most effective as a digestive agent in an alkaline medium, at the same time favoring absorption, since alkaline liquids permit of more ready osmosis.

To the bile has been given the credit of being a natural antiseptic in that it hinders putrefaction in the intestine. The bile itself easily becomes putrid on standing. How can it prevent the putrescence, then, of the intestinal contents? That it does in some way diminish this

degenerative process is very evident, for, when the common biliary canal is ligated the fæces are more fœtid and the intestinal gases more abundant. The bile's so-called antiseptic powers must be accounted for by its hastening absorption and assisting it to such an extent that the quantity of matter capable of putrefaction is greatly diminished in quantity.

It has been found that bile stimulates muscles when in contact with them, throwing them into a violent state of tetanus, while at the same time it irritates the nerves. By this action the economy possesses a natural purgative. By it as a stimulus the secretion of the intestinal mucous membrane glands is increased and more rapid peristaltic movements of the intestinal muscles induced to aid in the propulsion of their contents.

Reabsorption of Bile-salts.

When it was ascertained that the bile-salts were the product of the hepatic cells, that only a small proportion appeared in the fæces, with a still smaller proportion in the urine, the question arose: Is the remainder reabsorbed by the intestines to be again secreted from the blood by the hepatic cells?

Bile-salts taken by the mouth produce an increased flow of the bile, which is at the same time higher in its percentage of proteids. Dogs' bile, containing normally only taurocholate of sodium, has been found to contain glycocholate when that salt had been injected into the animal's blood. Again when bile has been taken from an animal for some time by a fistula, its quantity of solids diminishes, showing that the hepatic cells cannot give back these salts to it when the portal blood does not convey to them the materials for their formation. From these and other facts it was deduced that there must exist in the body reabsorption of bile-salts.

Antitoxic Function of the Liver.—It was found that nicotine added to the portal blood of an experimental circulation through the liver soon vanishes. Similar experiments with strychnine, morphine, and quinine resulted in the same way. These alkaloids are not only deposited in the liver-cells, but they experience a change in their chemical constitution by which they lose their poisonous properties. It is well known that the liver is a storage for the metallic poisons mercury, arsenic, iodine, and antimony for long periods. The liver also transforms the bodies developed by action of intestinal bacteria on proteid. I refer to indol and phenol. Here the liver exerts a protective action against poisoning by these bodies.

The liver also reduces the poisonous activity of poisons generated by specific bacteria, as by the typhoid bacilli and tetanus organism. The liver is probably the seat of most active oxidations, and it is by these chemical activities that it acts as a protective agent against poisons.

Internal Secretion of the Liver (Glycogen).—Besides secreting the bile to be partly used in digestion, but mainly as an excrementitious substance, the liver possesses still another remarkable function, namely: separation from the portal blood by its cells of a substance known as glycogen, or animal starch.

Glycogen exists constantly, though in very small proportions, in protoplasm and animal membranes in general; also in white blood-corpuscles and pus. It occurs in more considerable quantities in liver, muscle, and embryonic tissues after the third month. Glycogen is a white, tasteless powder, soluble in water, but producing an opaque solution. Glycogen possesses the property of being readily transformed into glucose, to be ready for easy oxidation. Glycogen with iodine in solution gives a port-wine color, which disappears upon heating.

Naturally during absorptive processes following active digestion portal blood contains more than the normal quantity—1 per 1000. At the very same time the blood in the hepatic vein during the intervals of absorption of carbohydrates contains 2 parts per 1000. Within the hepatic-cell protoplasm glycogen is deposited. When an excess of carbohydrates are taken, not all of the glycogen can be absorbed, but passes through into the general circulation, to be deposited in the muscles and other tissues. Muscles may contain as much as 1 or 2 per cent.

That sugar should appear in both portal and hepatic blood is not to be wondered at when carbohydrates are fed, but that it should still be present when but meats are given or when the portal vein is ligated at the transverse fissure, goes far to prove that glycogen, or sugar-forming animal starch, must be manufactured within the parenchyma of the liver. Even when an animal is made to fast and at the same time perform very severe muscular work so that glycogen disappears in muscles and liver, its presence in the liver is soon ascertained again though the animal be fed but gelatin.

Since neither glycogen nor sugar appear in the bile, it follows that it, or some transformed product of it, must be absorbed into the blood before it can serve any needs in the economy. From our data we are led to believe that the glycogen is formed and stored up

in the liver-cell protoplasm and the appearance of sugar is due to its transformation by *liver diastase*, to be absorbed into the hepatic veins.

Glycogen is formed most abundantly from carbohydrate food, next from proteids, but not from fats, except glycerin, which causes glycogen to be produced. On a diet rich in carbohydrates the glycogen of the liver reaches 15 per cent., while in a state of starvation it may be so small as to escape the tests.

Uses.

The liver is the chief storehouse of the carbohydrate material. Thus the use of the glycogenic function of the liver is supposed to be that of continuously supplying material which may be easily oxidized for the purpose of maintaining animal heat and motion. Sugar is a very unstable article in the presence of oxygen with albuminoid substances. The sugar becomes oxidized, both in the blood during respiration as well as in the tissues supplied by the blood.

DIABETES.

Diabetes is a chronic affection characterized by the constant presence of grape-sugar in the urine, an excessive urinary discharge, and progressive loss of flesh and strength. Its exact pathology is as yet unknown, but seems to be intimately associated with certain nervous affections, disturbed hepatic and pancreatic functions, sexual excesses, while heredity also seems to play an important rôle.

Simple Glycosuria must be differentiated from the disease diabetes (mellitus), since the former is but a temporary *condition*, and not a disease. When excessive quantities of sugar, maltose, etc., are eaten by a perfectly healthy individual, sugar appears in the urine, due to the fact that all of the absorbed sugar cannot be carried into the portal circulation fast enough, so that some finds its way into the thoracic duct and by it emptied at once into the general circulation. Before reaching the liver, where it would be stored up as glycogen, it passes through the kidneys, there to be promptly eliminated. This temporary condition has been termed *simple*, or *alimentary, glycosuria*. Dietary conditions in the way of abstaining from starchy and saccharine foods will promptly eradicate this condition. Simple glycosuria may also result from the inhalation of chloroform, turpentine, use of chloral, etc.; it may be one of the conditions following injury to the head. Diabetic glycosuria differs in that sugar is *constant* and is not made more significant by quantities present.

We know from our study of the glycogenic function of the liver

that glycogen can be produced from proteids by synthesis after the proteid molecule has been first broken down.

If from any cause, nervous or otherwise, the metabolism of the liver is interfered with, the function of glycogenesis is disturbed, the balance broken, with the result of the appearance of sugar in the urine.

Experimental diabetes may be produced in animals in various ways:—

1. **By Diabetic Puncture.**—By Bernard was it discovered that certain lesions to the cerebro-spinal axis, as puncture of the floor of the fourth ventricle, is capable of producing diabetic conditions. After puncture the glycogen of the liver is so rapidly converted into sugar that it raises the percentage of sugar in the blood to such a degree that there is more present than the tissues can use up, and thus some of it finds its way to the kidneys, there to be eliminated. The increased activity of the hepatic cells in transforming the glycogen is believed to be due to stimulation of the vasomotor center in the medulla caused by the puncture, for other means of stimulating this center have always produced temporary diabetes. In man, some diseases of the brain, particularly those in the medullary region, are characterized by diabetic symptoms.

2. **Adrenalin** produces glycosuria by increasing the changes of glycogen in the liver into sugar. *Iodothyrin* when given to animals for a considerable time occasionally produces glycosuria. The *removal* of the *pancreas* also causes diabetes.

3. **Phloridzin.**—This drug is a glucoside obtained from the root-bark of cherry-trees. Powerful results are obtained after its administration either by the stomach or by subcutaneous or intravenous injection. With the appearance of the sugar in the urine there is a diminution in the quantity of glycogen in the liver. If the drug be administered repeatedly so that all of the glycogen from the liver and other tissues is entirely used up, and then an additional dose be administered, dextrose will promptly appear.

Phloridzin glycosuria is caused by an injury to the renal epithelium, allowing it to become permeable to the sugar in the blood. In phloridzin diabetes the blood shows a decrease of sugar in it, while in other cases of diabetes there is always an excess of sugar.

In diabetes the failure of the cells of the body to burn sugar is so great that the organism not only fails to burn the starches and sugars of the food, but is unable to burn completely the carbohydrate moiety of the proteids of the body itself.

To epitomize: Diabetes appears (1) after the use of certain agents, adrenalin, iodothyrin, and particularly phloridzin; (2) after

inhalation of chloroform and amyl nitrite; (3) after puncture of the medulla oblongata; (4) by section of the spinal cord above the exit of the hepatic nerves, probably by a paralysis of the vasoconstrictors of the liver; (5) by irritation of the central ends of the vagus and depressor; (6) by extirpation of the pancreas.

The majority of cases of true diabetes terminate fatally. Death is due to exhaustion and blood poisoning, producing just previous to the end a condition of complete coma called acetonæmia.

Oxybutyric acid is the chief acid in diabetic coma. It is believed to be produced by the excessive metabolism of proteid. Whenever a patient passes more than five grains of oxybutyric acid daily then the danger of acid intoxication must be watched. As to the estimation of the oxybutyric acid, it can be made by ascertaining the amount of ammonia excreted, as it gives a rough index of the excretion of the acid. Thus, a daily output of ammonia of two grams corresponds to about six grams of the acid. The treatment of this diabetic coma is by sodium bicarbonate by intravenous injection and by mouth.

CONJUGATED SULPHATES.

The aromatic products which are formed in the intestines—as indol, skatol, phenol, and cresol—are eliminated by the kidneys in the form of sulphates. The aromatic bodies are absorbed by the portal vein and in the liver unite with sulphuric acid produced by the oxidation of the sulphur of the proteids.

UREA AND URIC ACID.

The liver receives products from the muscles, as ammonia carbonate, and builds them into urea. It also forms uric acid. In addition it receives the urea absorbed by the portal vein from a hydration of arginin in the intestinal canal.

Jaundice is a discoloration of the skin due to the reabsorption of bile by the lymphatics of the liver. This is usually due to obstruction of the bile-ducts by a catarrh, calculus, or tumor. Arsenurcted hydrogen and toluylendiamin will produce jaundice.

Influence of Drugs on Secretion of Bile.—Podophyllin, aloes, nitrohydrochloric acid, ipecacuanha, euonymin, and sodium phosphate stimulate the bile-secreting apparatus. Other substances, like calomel, etc., stimulate the intestinal glands, but not the liver-cells. The best stimulant of the liver is ox-gall, but it is important to remember that bile in the intestine is liable to be absorbed; hence it is best to combine a purgative with it to carry it down the intestinal canal.

THE SUCCUS ENTERICUS.

By most physiologists the presence of a certain liquid product occurring upon the surface of the intestinal mucous membrane is attributed to the secretory powers of the crypts of Lieberkühn and the glands of Brunner, presumably due to their columnar cells, although the real mechanism of its secretion is still unknown. To this secretion the name *succus entericus* has been commonly given. As described by Thiry, it is "a limpid, opalescent, light-yellow-colored fluid, strongly alkaline in reaction, and possessing a specific gravity of 1.010." It contains proteid and mucin, while its great alkalinity is due to the presence of a considerable quantity of carbonate; the latter's presence is easily detected by the effervescence resulting upon mixture with dilute acids. The amount secreted daily is perhaps about two pounds. Erepsin, a ferment found in the succus entericus, does not act on albumins, but breaks up albumoses, peptones, casein, protamin, and histon, changing them into leucin, tyrosin, and ammonia.

The succus entericus also contains a ferment like that in yeast—invertin. This body inverts cane-sugar into dextrose and lævulose, and maltose into two molecules of dextrose. This inversion is necessary for the absorption of these sugars. The succus also contains another ferment known as enterokinase—a ferment of ferments.

This ferment augments the activity of the pancreatic ferments, especially the trypsin, by converting the trypsinogen of the pancreatic juice into trypsin. When dogs are fed only on starch and fatty foods, then the pancreatic juice contains only trypsinogen with the object of protecting the amylopsin and steapsin. If the dogs were fed on meat exclusively, then the pancreatic juice contained mainly the ferment in the shape of trypsin. Unlike the stomach, mechanical irritation of the intestine calls out increased secretion of the succus entericus. But the intestine has a special stimulus, and that is the pancreatic juice. If a little pancreatic juice is inserted into a loop of the intestine for half an hour, then a fluid will be secreted containing much enterokinase. Every cannula introduced into an intestine acts as a foreign body and excites a secretion of water, with the object of washing it out of the intestine, and the amount of enterokinase becomes steadily less and less. Hence a mechanical stimulus calls out only water, and explains the severe diarrhœa of acute enteritis, while the ferment enterokinase is called out by the pancreatic juice.

DIGESTION IN THE LARGE INTESTINE.

Besides the changes wrought upon the foodstuffs in the mouth, stomach, and small intestine by the various digestive secretions with their powerful enzymes, there is still another more or less active agency in the form of *certain bacteria* which occur normally in health in varying amounts. They are swallowed by the mouth with the food, drinks, and saliva. The bacteria are one-celled organisms and are produced with marvelous rapidity. From a physiological point of view we are able to classify them into three groups: (1) ferment, (2) chromogenic, and (3) pathogenic bacteria. However, only the ferment bacteria interest us.

Bacteria of different kinds have been noticed at various times throughout the entire alimentary canal from mouth to anus, but are more numerous in the intestines, particularly in the large one, where their action is very marked upon matters reaching it, so as to give rise to the term "bacterial digestion." In the stomach, under normal conditions, the putrefactive activity of the bacteria is neutralized and the germs themselves killed by the free hydrochloric acid of the gastric juice. It is in the intestines, where the secretions are alkaline, that the best media are found for their culture and development.

It has been suggested that bacterial digestion was necessary to the economy, because it accomplishes so many things. But it has been shown by Nuttall that, by removing guinea-pig fœtuses directly by incision from the uterus and with antiseptic care, and then keeping them in a sterile chamber receiving sterilized air and fed on sterile milk, they grew. When their intestinal contents were examined no bacteria were found. Hence the inference that bacteria are not necessary for good digestion.

The two chief bacteria are the lactic acid bacillus and the colon bacillus. The former is found in the stomach at times and the upper part of the small intestine. The colon bacillus chiefly lives in the colon. These bacteria are aërobic; that is, they consume oxygen in their action. Hence they are powerful reducing agents. Thus they take oxygen from bilirubin and form stercobilin. But, although these microbes use oxygen, they can also live without it. On proteids the bacteria produce by their action proteoses and peptones, and from tyrosin the aromatic bodies: phenol and cresol. Indol and skatol are derived from tyrosin. On carbohydrates the bacteria act like ptyalin and amylopsin; on fats they act like steapsin, breaking up lecithin into cholin. Bacteria in the stomach and intestine can set up five kinds of

fermentation: (1) alcoholic; (2) acetic; (3) lactic; (4) butyric; and (5) a form of fermentation discovered by Drs. Herter and Baldwin—the oxalic acid variety. These fermentations may give rise to acute and chronic gastritis. In the intestine the fermentations will give rise to excessive distension, diarrhœa, colic, and a loss of weight and strength. The remote effects of these fermentations will be an increase of uric and oxalic acid in the urine and of the acidity of the urine itself, causing frequent urinations, especially at night. The best indication of intestinal putrefaction is the aromatic or ethereal sulphates which appear in the urine. The easiest test to detect the indoxyl sulphate of potassium is the indican reaction.[1] These bacteria also help form the gases of the intestine by a fermentation of the food.

THE FÆCES.

The foods that have failed to be absorbed, after having remained about three hours in the small intestine, pass into the large intestine, where they remain for about twelve hours. The quantity and consistency of that secreted daily by an adult varies within wide marks, depending upon the kind of diet and the length of time the foodstuffs remain within the intestine. The adult eliminates about 8 ounces of moist excrement *per diem*. From a vegetable diet the fæces are both softer and contain a higher percentage of solids than from a meat diet; softer because their irritations to the intestinal walls heighten mucous secretion and increase peristalsis, thereby hastening its passage, to the detriment of absorption. In a meat diet the want of this stimulation retards defecation to such an extent that it may occur but once in several days. The stools are then small in amount and dark in color. The stimulating action of vegetables is what makes them so valuable in mixed diets, although they are inferior in nutritive value, bulk for bulk.

Although the fæces are so variable quantitatively, they are more consistent qualitatively, and present the following substances:—

I. Water.—In health about ·75 per cent.; this becomes much greater during diarrhœa.

II. Indigestible Residue of different foodstuffs, as nuclein, keratin from epidermic structures, hæmatin from hæmoglobin, ligaments of meat, cellulose from vegetables, mucin, wood-fibers, gums, resins, and cholesterin.

III. Undigested Food.—The quantity of food ingested has an effect. The more one eats, the more likely he is to have a quantity

[1] Herter, "Chemical Pathology."

of undigested matters in the stool. These undissolved substances are usually pieces of vegetables, muscle-fibers, connective tissue, and small quantities of casein and fat. These materials help to accelerate peristalsis and so interfere with a proper absorption of those foods that would otherwise be readily taken up.

IV. Mucous Epithelial Cells.—The microscope shows these as present from the intestinal surface.

V. Derivatives of Bile-salts and Bile-pigments.—These are stercobilin, cholesterin, traces of bile-acids, and lecithin.

VI. Number of Putrid Products, as skatol, indol, phenol, volatile fatty acids, ammonia, sulphureted hydrogen, and methane.

VII. Inorganic Salts.—These are salts of sodium, potassium, calcium, magnesium, and iron.

VIII. Micro-organisms.—Bacteria of numerous kinds are present in the fæces.

The Color depends upon the kind of food ingested; meat gives dark-brown or black, and vegetables light-yellow, fæces. The reaction is normally alkaline in adults, while in infants it may be acid and yet not pathological.

Meconium is the name given to the greenish-black contents of the large intestine of the fœtus which is expelled at or after birth. It is chiefly concentrated bile with intestinal epithelium. The coloring matter is a mixture of bilirubin and biliverdin, not stercobilin.

Defecation.—The act of defecation is to a *slight extent voluntary,* but in *the main involuntary.* In order that the fæces may not stimulate mechanically the sphincter reflexes so that they relax at any time, volition plays a rôle. For there is a center, having its seat in the brain, which is inhibitory and by voluntary impulses the individual is capable of relaxing or increasing the contraction of the external sphincter ani.

The inhibitory apparatus of the ano-spinal center arises, according to the latest researches that I have made upon the subject, from the locus niger of the crura cerebri. From this point inhibitory fibers descend, some of which commence to decussate at a point in the pons down to the nib of the calamus scriptorius and then pass down the lateral columns. Some of the fibers not decussating also pass down the lateral column. This inhibitory apparatus is under the control of a center in the cortex. I might add here that the same inhibitory apparatus presides over the sphincter vaginæ.

When a sufficient quantity of fæces has arrived in the lower part of the rectum there is felt a need of expelling them. During defeca-

tion all the organs situated in the abdomen are compressed so that the intestinal contents may be expelled, but the anal sphincter, like the cardiac sphincter of the stomach, offers a resistance, and during the violent efforts the vesical sphincter is relaxed, allowing the urine to escape. The sensory nerve-endings in the mucous membrane of the rectum carry impressions to the ano-spinal center in the lumbar cord, which sends out motor impulses to the muscles of the intestine. At

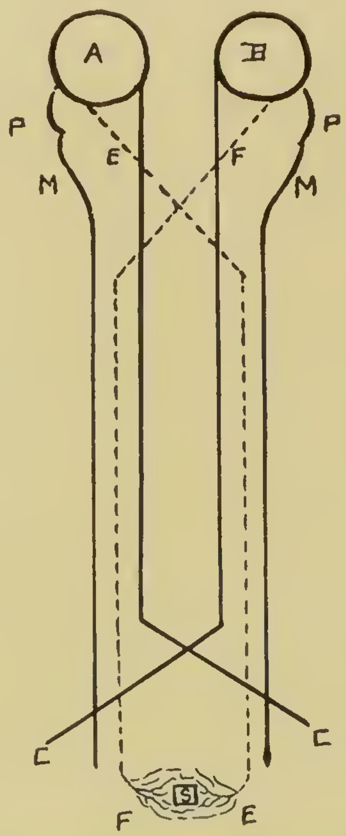


Fig. 10.—Inhibitory Apparatus of Ano-spinal Center.

A, *B*, Locus niger of cerebral crura. *E*, *F*, Inhibitory fibers. *P*, Pons. *M*, Medulla oblongata. *C*, *C*, Sensory fibers. *S*, Ano-spinal center.

the same time the glottis is closed, the diaphragm and abdominal muscles are set in action, and the act of defecation is accomplished.

ABSORPTION OF FOOD IN THE STOMACH.

The absorption of the stomach is much more limited than one might at first imagine, at the same time attended with much slowness. *Water* is practically not at all, or with extreme slowness, absorbed in the stomach, even though the blood-vessels are dilated, as during the time that food is ingested. Experiments show that when water is ingested it is almost immediately passed through the pylorus in little

squirts by reason of the peristaltic movements before any, practically, has disappeared into the vessels. The stomach does not behave thus to all fluids, for alcohol is very rapidly taken up. Drugs mixed with the latter, such as chloral hydrate, are far more rapidly absorbed than when presented to the stomach in other vehicles. Concentration plays a very prominent part here, for absorption increases proportionately until 20 per cent. is reached; the reverse is true of the intestines. *Salts* are absorbed very slowly. *Fats*, in their stay within the stomach, are split up.

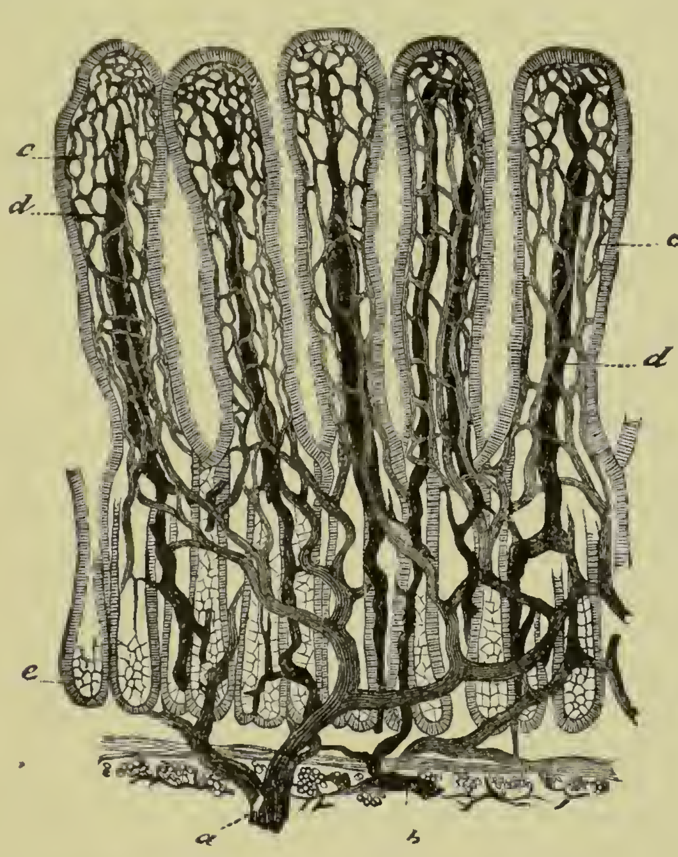


Fig. 11.—Section of Dog's Intestine showing the Villi. (Cadiat.)
c, Blood-vessels, injected. *d*, Lacteals, injected. Blind end of villi enveloped in a capillary network of blood-vessels.

ABSORPTION IN THE SMALL INTESTINE.

The soluble end-products of the digestion of the three main foods—carbohydrates, fats, and proteids—appear in the small intestines as glucose, emulsified fats, and peptones, ready for absorption. It is here (the lower two-thirds, since the upper third is the site of main digestion) that the chief absorption of nutriment takes place. The presence of the almost innumerable villi, with their network of capillary blood-vessels and lacteals, the valvulæ conniventes to add more

surface and at the same time to slow the progress of the partially digested mass, all help to make the intestine an ideal abode for this most important process. The passage of the food along the small intestine, though slow, is yet rapid compared to the progress in the large intestine. Two to five hours are consumed from the time food is ingested until the first portion passes through the ileo-cæcal valve, but nine to twenty-three hours until the last vestige has made its exit. That fats are absorbed here has been demonstrated microscopically; the sugars and peptones are known to be very rapidly taken up even though the solutions are very weak. It is known that 85 per cent. of proteids disappear; that is, have been absorbed in passage through only the small intestine.

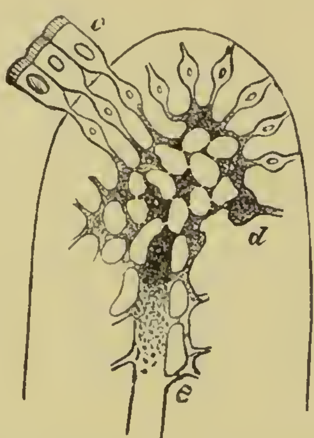


Fig. 12.—Diagram of the Relation of the Epithelium to the Lacteal in a Villus. (Funke.)

The central axis is the lacteal surrounded by adenoid tissue.

ABSORPTION IN THE LARGE INTESTINE.

That considerable absorption takes place within the large intestine is vividly impressed when one considers for a moment the consistency of the contents as they enter it through the ileo-cæcal valve and their density as they are ejected as fæces. As they enter they are of the nature of a somewhat thickened chyme; as they leave they are a soft solid. By this alone we recognize the amount of water that has been extracted. From an intestinal fistula it was ascertained that about 14 per cent. of proteids enter the large intestine, while the fæces contain but a very small percentage.

This rather extensive power of the large intestine is made use of clinically by the medical profession, who inject into the large intestine enemata of various substances for the nutrition of the patient who may be unable to take nourishment by the mouth. All in all, the

results have been satisfactory; proteids in solution, eggs beaten, or peptone to which is added a little salt, are absorbed per rectum.

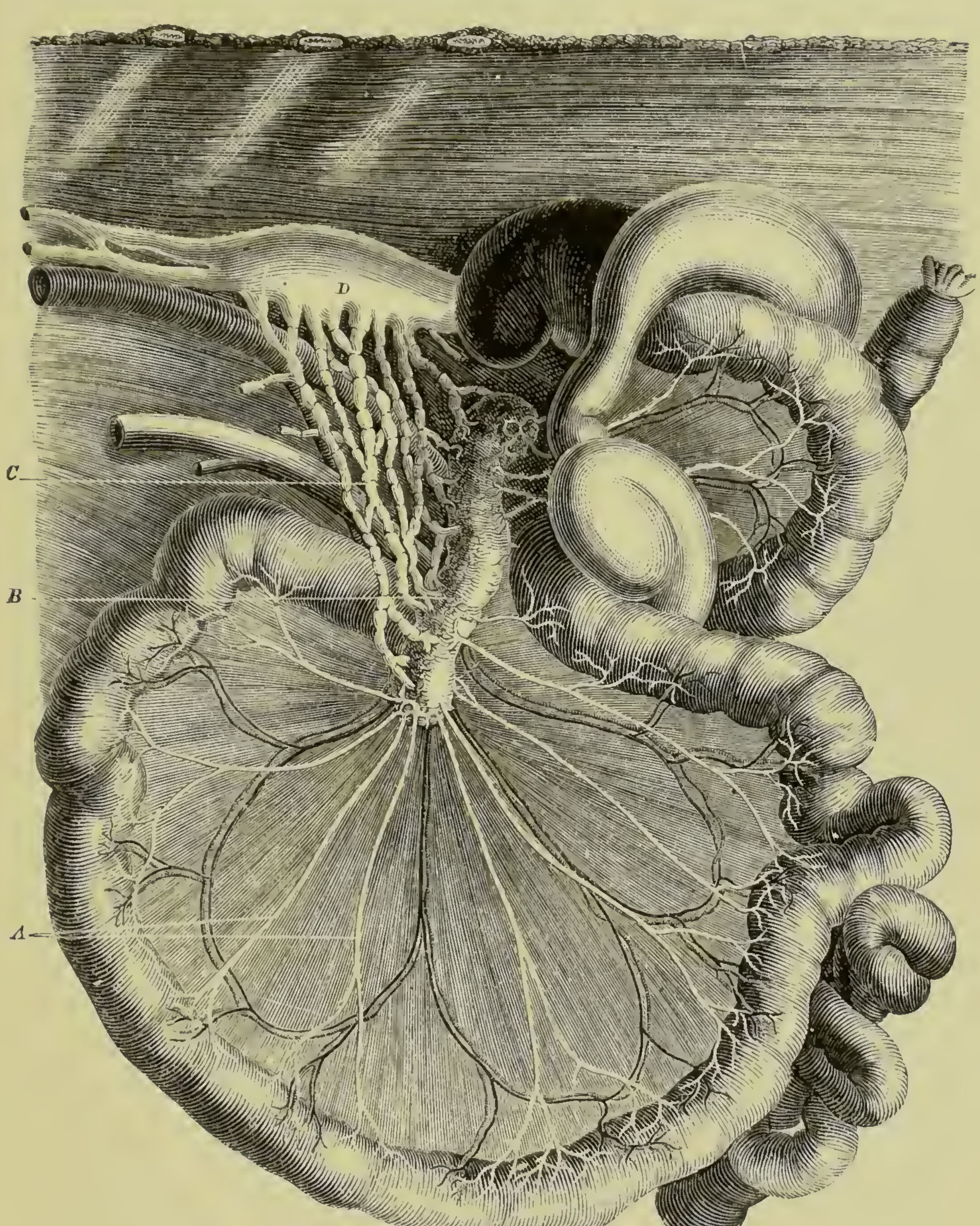


Fig. 13.—Lacteals of a Dog during Digestion. (COLIN.)

A, Lacteals of mesentery. *B*, Mesenteric glands. *C*, Efferent chyle-ducts. *D*, Receptaculum chyli.

The steapsin of the pancreatic juice splits up the neutral fats into fatty acids and glycerin. The fatty acids then unite with the alkaline salts of the intestinal secretions to form alkaline soaps, which

are soluble in water. These two products, soap and glycerin, are absorbed by the epithelial cells to be, in their protoplasm, so built up and constructed that neutral fats are again in evidence. These fats appear in the form of small droplets surrounding or becoming mixed with the protoplasmic granules of the cells. It has been learned that in feeding with fatty acids or with soaps, they were not only absorbed, but also converted into fats, which appeared in the thoracic duct.

Bile also aids the absorption of fat, since it is a typical solvent medium for fatty acids and glycerin, and at the same time membranes (and the mucous membrane is no exception) moistened by it allow the more ready passage of fats, very probably because of its alkalinity.

Absorption of Carbohydrates.—This is sometimes considered a "sugar absorption," for it has been learned that the carbohydrates are mainly converted into maltose and other forms of sugar by the enzymes ptyalin and amylopsin.

Thus it can be said that carbohydrates are taken up by the epithelial cells mainly as maltose and other forms of sugar; but these products are by their action and the aid of the succus entericus converted into dextrose to appear as such in the blood.

Absorption of Proteids.—Proteids may be absorbed by the stomach and small and large intestines, but their main seat of absorption is in the small intestine. The end-products of proteolysis (proteoses and peptones) differ from the ingested proteids mainly in that they are more diffusible.

Numerous and extended experiments all go to prove that these end-products of proteolytic digestion (proteoses and peptones) are transformed, in their passage *through* the epithelial cells, by virtue of their living protoplasm, *back* again into native, coagulable proteids in the form of *globulins* and *albumins.* To the vital properties of the living epithelial cell of the villi is the economy indebted, not only for absorption, but because it protects it from those toxic effects attending the presence of peptones in the blood by its converting them into useful bodies.

The proteoses and peptones are taken up directly by the blood-capillaries to enter the systemic circulation directly, the lymphatics taking little or no part in their absorption.

Absorption of Water and Salts.—In the intestines the absorption of water and inorganic salts is both very extensive and very rapid.

The following *résumé* of Moore's, somewhat changed, gives a review of the action of the ferments:—

Class of Enzyme.	Name of Enzyme.	Digestive Fluid in Which Found.	Concise Description of Specific Action.
Amylolytic.	1. Ptyalin.	Saliva.	Convert amyloses (starch and glycogen) into dextrin, maltose, and isomaltose, accompanied by glucose.
	2. Amylopsin.	Pancreatic juice.	
Proteolytic.	1. Pepsin.	Gastric juice.	1. Converts proteids into proteoses and peptones.
	2. Trypsin.	Pancreatic juice.	2. Converts proteids into proteoses, peptones, and amido-acids.
	3. Erepsin.	Succus entericus	3. Converts peptones into leucin, tyrosin, and ammonia.
Fat-splitting, or steatolytic.	Steapsin.	Pancreatic juice.	Splits up neutral fats into fatty acids and glycerin.
Coagulating.	1. Rennin.	Gastric juice.	1. Coagulates milk, converting caseinogen in presence of calcium salts into casein.
	2. Rennin.	Pancreatic juice.	2. Coagulates milk.
Inverting.	Invertin.	Succus entericus.	Inverts maltose into dextrose and lævulose.
Ferment increasing power of other ferments.	Enterokinase.	Succus entericus.	Increases the power of the pancreatic ferments, especially the proteolytic, by converting trypsinogen into trypsin.

CHAPTER IV.

ABSORPTION.

According to some authors, the absorption of the economy in its entirety consists of two processes, the *first* of which has for its purpose and aim the introduction into the blood-stream of fresh material for the nutrition of the various tissues of the body. It is called absorption from *without,* and has its seat in the alimentary canal chiefly, aided, to some extent, by the skin and lungs. The *second* process endeavors to remove from the numerous tissues of the body, by very gradual measures, the waste-products that would otherwise accrue everywhere within the body as a resultant of the use of its various tissues. This second process is known as the absorption that takes place from *within,* and has its seat everywhere within the tissues of the body.

For consideration of the first process, or absorption from *without,* the reader is referred to absorption of food under the general head of "Digestion" (in the preceding chapter). It was there noted that the ingested foodstuffs in their passage through the alimentary canal were subjected to various and numerous enzymic and bacterial actions until the major portion of them was reduced to certain soluble and well-defined end-products. Until these latter were produced they were incapable of serving the needs of the body, since they were unable to be absorbed. It is only after absorption that the different nutrient products can be assimilated to become components of the living materials of the economy for growth and repair. It was also learned that, though *some* absorption occurred in the mouth, œsophagus, and large intestine, yet the *main* seat of this function is in the small intestines, where the end-products enter the circulation by the villi and the so-called lacteals.

In turn we noted the manner and principal seats of absorption of the fats, carbohydrates, proteids, water, and salts. For many years the old physiologists entertained the view that absorption of the end-products of digestion from the alimentary canal was purely physical; that is, that the same laws governed this bodily function that do the passage of any liquid with its contained dissolved substances

through a dead membrane placed outside of the body. These processes of *osmosis* and *filtration,* as they were known to the physicist, are to a small extent responsible for some of the intestinal absorption. But to-day the newer view concerning this absorption is accepted, whereby it is believed that the living epithelial cells of the lining mucous membrane of the small intestine possess in themselves, as living beings, the power to exert a *selective action* during absorption; at the same time they modify the end-products during their passage through them. They change the peptones into albumins and unite the fatty acids to glycerin. That the process was selective, and not due to purely physical laws, was proved by the more rapid absorption of grape-sugar than sodium sulphate, though the latter is many times more diffusible than the former.

OSMOSIS.

An electrolyte is a chemical compound which when molten or in solution conducts an electrical current. When such a current passes through its solution the latter undergoes certain changes that are grouped under the name of electrolysis. The places at which the electrical current enters or leaves the electrolyte are called electrodes: the anode and cathode. The electrically charged particles, the aggregation of which constitutes a molecule of the electrolyte, are called the ions of the electrolyte. The ions which under the influence of the electrical current migrate to the anode are *anions;* those which wander to the cathode, *cathions.* Thus, for example, NaCl is an electrolyte; Na and Cl are its ions; Na is the cathion, Cl the anion; in the electrolysis of an NaCl solution the cathion, Na, wanders to the cathode, the anion to the anode. According to Clausius, the constituents of a greater or less number of dissolved molecules exist in a free state and move in all directions through the solution even before the passage of an electrical current. Only the presence of the free ions makes it possible that such a solution can at all conduct electricity. If we dissolve crystals of sodium chloride in water, a part of the NaCl molecules split into ions: Na and Cl. If an electrical current is passed through such a solution the ions which at first were moving in all directions are arrested and drawn to the poles. An ion is the electrolytic representative of an atom, but is theoretically much smaller in size.

The function of ions is by their presence in definite proportion in each tissue to preserve the "labile equilibrium" of the colloid materials of the protoplasm on which its activities depend.

Osmotic Pressure.[1]

Saw a Pasteur-Chamberland filter in half. The cylinder is then dipped in dilute hydrochloric acid, which is sucked through the wall of the cylinder by a hydraulic airpump in order to remove any caolin dust that might choke its pores; then rinse with water in a similar way. A beaker is now filled with a solution of potassium ferrocyanide (139 grams per liter), the cylinder is dipped into it, and the solution is sucked through its wall. After the cylinder has been again rinsed in water it is dipped into a second beaker containing a copper solution

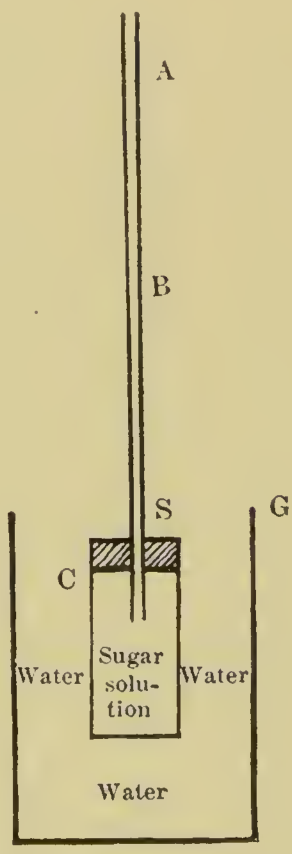


Fig. 14.—Osmometer. (COHEN.)

(249 grams of the salt per liter), the inside of the cylinder being also filled with the solution. A layer of copper ferrocyanide is deposited within the wall of the cylinder, and this precipitate constitutes the semipermeable precipitation membrane which is permeable for water, but impermeable for salts.

If we introduce a sugar solution into cell *C* prepared in this manner and close it with the stopper of rubber *(S)*, which is perforated by the tube *AB*, then when *C* is dipped into pure water the sugar en-

[1] Literature consulted: Cohen's "Physical Chemistry," 1903.

deavors to pass from the place of higher concentration (the solution) to that of lower concentration (the water without the cell). But this movement is opposed by the semipermeable membrane, and in consequence the sugar exerts a pressure upon the membrane. Since this wall, however, is unyielding and so resists the pressure, a pull is exerted upon the water by the solution which tends to dilute the latter. This comes to pass when the solution enters the tube and the water from *G* streams through the membrane into the cell and dilutes the solution. This process goes on until the resulting hydrostatic pressure in *AB* prevents the further entrance of the water. When equilibrium has been established this hydrostatic pressure is equal to the osmotic pressure of the solution. Conversely, however, the latter may be measured by ascertaining the hydrostatic pressure which exists when equilibrium is established; with 100 grams of water, containing 6 grams of sugar, the osmotic pressure was 3075 millimeters of mercury.

Boyle-Van't Hoff Law.—At constant temperature the osmotic pressure of dilute solutions is proportional to the concentration of the dissolved substance. Gay-Lussac-Van't Hoff law for dilute solutions is as follows: At constant volume the osmotic pressure of dilute solutions increases as the temperature; or, also, the osmotic pressure of dilute solutions is proportional to the absolute temperature.

Law of Avogadro-Van't Hoff.—At the same osmotic pressure and the same temperature equal volumes of dilute solutions contain the same number of molecules. The same laws have been applied to gases. The great importance for the biologist of the freezing-point determination lies in the fact that they enable him to ascertain the number of molecules dissolved in a given volume of any body fluid. A depression of the freezing-point of $^1/_{1000}$ degree corresponds to an osmotic pressure equal to 0.012 atmosphere. While chemical analysis can tell us much concerning the composition of physiological fluids, it cannot yield us anything definite concerning the osmotic behavior of such solutions. This becomes intelligible when we remember that the osmotic pressure of a solution is dependent upon the number of molecules (+ ions) it contains, and that this cannot be determined by chemical analysis. By the determination of the lowering of the freezing-point (cryoscopy) we have a direct means of accomplishing our end. By finding out the freezing-point of blood and of urine it is possible to discover a lessened permeability of the kidneys for dissolved molecules and disturbances in the secretion of water.

The freezing-point is determined by Beckman's differential thermometer. Thus, the freezing-point of blood-serum of mammals is

0.56° C. lower than water. It is usually expressed by the Greek delta (Δ). A solution of NaCl of 0.95-per-cent. strength gives the same Δ; hence the two solutions have the same osmotic pressure and 0.95 per cent. of NaCl is isotonic with mammals' serum. The osmotie pressure of urine has the highest isotonic coefficient of any fluid in the body, and its Δ is equal to 1.85° C.

The most important electrolytes present in blood-serum are the inorganic salts NaCl and Na_2CO_3.

The freezing-point of defibrinated blood is the same as that of serum; in other words, the presence of blood-corpuscles has no effect upon the freezing-point. This ensues because proteids have an exceedingly low osmotic pressure, although a high molecular weight. The freezing-point of blood does not change during hæmorrhage.

In metabolism the large proteid molecules which in solution exert an exceedingly low osmotic pressure are split into smaller ones. In consequence the number of dissolved molecules in the tissue fluids and in the blood is increased, which causes an increase in the depression of the freezing-point of these fluids. The loss of water by the body through evaporation has a similar effect. It is the function of the kidneys to rid the body of this excessive number of molecules and so keep the osmotic pressure of the blood and of the other fluids constant. If the activity of the kidneys is decreased, the depression of the freezing-point of the blood will become greater. A beginning renal insufficiency will therefore be manifested by an abnormally great depression of the freezing-point of the blood. The work done by the secretory cells of the kidneys in secreting the urine, the osmotic pressure of which is much higher than that of the blood, can be calculated by utilizing the laws of osmotic pressure. If the kidneys secrete 200 cubic centimeters of urine, the energy required amounts to 37 kilogrammeters; that is, the energy required is equal to that expended in raising a weight of 37 kilograms to the height of 1 meter. The freezing-point of a solution of any substance in water is lower than that of the water alone. The kidney-cells separate urine from the blood against a pressure of a force about six times greater than the maximum force of muscle. The molecular weight of a body can be determined by the depression of the freezing-point.

Another theory has been proposed to explain the low freezing-point of urine. Ludwig proved that the glomerulus filters a nearly pure solution of sodium chloride and that in the urinary tubules the water is in part reabsorbed. The theory of Koranyi is that in the urinary tubules there is a molecular exchange in such a manner that for

each molecule of urinary constituents coming from the blood there is a molecule of sodium chloride passing from the tubules into the blood.

Loeb has shown that rhythmical contractions can be produced at will in striped muscles of the frog by a single salt solution. This is not produced by the salt itself, but the ions, because it occurs only in solutions of electrolytes; that is, substances which dissociate. Among the ions found in the blood he thinks those of sodium are the producers of rhythmical activity. Pure sodium chloride he regards as a poison. If rhythmical activity begun by it is to persist, these poisonous properties must be neutralized by calcium salts. Loeb thinks calcium and potassium salts prevent rhythmical activity, but that they in conjunction with sodium chloride bring about a sustained rhythm. He believes the sodium ion acts by migrating into the muscle-substance and combining with some part of it. Hence, when too many sodium ions have combined and taken the place of a number of calcium ions in the muscle, rhythmical beats cease. The poisonous effects of Na ions are antagonized by the addition of a small amount of Ca and K ions. Muscles contract only as long as they contain all three classes of ions (Na, Ca, and K) in a certain proportion, which may vary to a certain extent.

Numerous substances have been classified on the basis of the degree which they possess of passing through a membrane while in aqueous solution. Those which pass through freely have been found to be capable of crystallization as a rule, so are termed *crystalloids;* those which are more tardy in their osmosis through a separating membrane have been ascertained to be noncrystallizable, but gluelike in nature, hence are known as *colloids.* The colloids are very feeble in all chemical relations, the reverse being true of the crystalloids. Examples of colloids are seen in albumins, gelatin, and starch, while alcohol, sugar, and ordinary saline substances form good examples of crystalloids.

Filtration.—Filtration, synonymous with transudation, is the passage of fluid or fluids through the pores and interstices of a membrane while subjected to pressure. The amount of filtration is proportional to the extent and quantity of pressure; thus, the greater the pressure, the greater is the amount of fluid made to pass through the separating membrane. The rapidity and duration of filtration is strongly modified by the nature of the fluids used and the kinds of membrane through which the various fluids are made to pass under pressure. Colloids can be made to filter, but their passage is much less free than is that of crystalloids. In the pathological condition

known as dropsy, there is presented a partial example of filtration. It is characterized by a transudation of the watery portion of the blood through the membranous walls of the capillaries and small veins into the surrounding connective tissues, producing œdema. This watery element has been literally squeezed through the vessel-walls because of increased intravascular pressure within the capillaries and small veins. The causes of this increased pressure are numerous and need not be dealt with here.

Loeb explains this œdema by a greater osmotic pressure in the tissues than in the blood or lymph. Chemical changes in the muscle take place which increase the osmotic pressure. These chemical conditions are the result of a diminished supply of oxygen caused by deficient circulation.

Rapidity of Absorption.—The rapidity of absorption has been determined by experiment. Thus it was found that lithium chloride may be diffused throughout all of the vascular structures and even into some of the nonvascular ones, as the cartilage of the hip-joint and aqueous humor of the eye, within a quarter of an hour after having been given on an empty stomach. When lithium carbonate is taken in 5- or 10-grain doses, its presence may be detected in the urine within five or ten minutes; the time for appearance is doubled or even trebled when the substance is taken on a full stomach.

It is interesting as well as curious to note that some of the mineral and vegetable poisons are more readily absorbed from the rectum than the stomach. Thus, it has been ascertained that strychnine in solution will produce toxic effects very much sooner when injected into the rectum than when administered by the stomach. When administered in solid form the reverse is true.

THE LYMPHATIC SYSTEM.

Having previously dwelt upon absorption as it occurs in the alimentary tract, it remains to turn our attention to the next important process in the general absorption of the body. It is the absorption from *within* as accomplished by the lymphatic system. By it as an instrument those materials of the alimentary end-products that were not taken up by the lacteals are collected and transported back into the regular blood-stream, while, on the other hand, fluid which has escaped from the blood-vessels and has not been used by the tissues is gathered up and again carried back into the blood-stream. Very frequently this fluid gathered from the tissues of the body after it has given up much of its nutriment to the tissues contains numerous bacteria,

pathogenic and otherwise, as well as particles of waste-matter from the tissues. These are normally destroyed by the lymphocytes; if the foreign particles are too numerous for immediate destruction, they are stored up in the lymphatic glands, or, more properly, nodes, until the lymphocytes are able to dispose of them.

The watery fluid which transudes from the vessels, particularly the capillaries, is known as the *lymph.* It is this fluid which bathes every cell of all the tissues to give them nutriment, while it carries away from these same tissues the products of their activity. It is collected by a system of channels and vessels which unite to form one main trunk—the thoracic duct—and a second, shorter and smaller duct, and both empty into the subclavian veins: the thoracic duct into the left and the shorter lymphatic duct into the right subclavian. By this means the lymph once more enters the blood-stream to be again used and perform perhaps identical functions. The vessels with their adnexa which convey the lymph back to the blood-stream again comprise a system known as the *lymphatic system.*

Lymphatic Vessels.

In order to nourish the tissues of the body, the plasma of the blood is constantly being osmosed through the capillary walls into spaces between the cells of the tissues. Each cell is thus bathed in a plentiful supply of plasma, from which it absorbs what is needed for its nourishment. This escaped blood-plasma, together with some white cells which have found their way into the spaces, constitute the *lymph.* To prevent œdema from its accumulation, as well as to have it with its contained impurities reach the blood from which it may be excreted, Nature makes use of a set of tubes, the *lymphatics.* These vessels are found within the body generally, even in those structures which contain no blood-vessels, as the cornea of the eye. The fluid within them always moves in one direction only: toward the heart. These vessels, whose sources may be very different, unite in their course to form larger vessels until, by continual union, they terminate in two large trunks which empty into the subclavian veins at their junction with the internal jugulars. The one emptying into the left side is the *thoracic duct,* that into the right side is the *right lymphatic trunk.*

Structure of the Lymphatics.

When the agriculturist wishes to drain his wet lowlands he resorts to the use of pipes of great porosity. These are buried and so arranged that the moisture of the soil very readily finds its way into the pipes,

to flow along them and so be conveyed away. When the arrangement of the pipes is suitable, the excess of water is carried off. Should the drain-pipes become defective, or should their capacity be less than that demanded of them, there at once results a stagnation with inundation of the land. For the water to find its way from between the particles of earth and sand into the pipes it is necessary that the latter be very porous and permeable—a most essential factor.

The principle underlying the structure of the lymphatics is very similar to that of the system of drain-pipes of the agriculturist, —namely: *porosity*,—for the aim of each is to collect the excess of their respective fluids and convey the same to certain desired channels.

This principle being kept in mind, the student can readily conceive the nature of the lymphatics.

They must be vessels of thin walls—walls which allow of the easy osmosis of plasma through them. In fact, the lymphatic vessel-walls are similar in structure to those of veins, differing mainly in the fact that the former are thinner. Like the larger veins, the larger lymphatics consist of three coats. The inner is made of endothelium (tunica intima), the middle coat contains some muscular fibers (tunica media), while the external coat is connective tissue (tunica adventitia).

The small lymphatics have walls composed of but a single layer of endothelial cells, whose edges are usually sinuous. So thin and translucent are the walls of many that the clear lymph contained in them can be clearly defined.

Like some veins, the larger lymphatics contain *valves* of a fibrous nature lined with endothelium. In form, structure, and attachments they are identical with those of the veins. Usually two valves of equal size are found opposite one another; these, by their functions, prevent reflux of the lymph when pressure or other disturbance is brought to bear upon their course.

Where Nature has vessels with thin walls and which vessels contain fluids propelled by very weak *vis a tergo*, she must needs resort to numerous valves. So numerous are these little safeguards that when the lymphatics are injected they present the appearance of a string of beads.

While dealing with lymphatics, mention must be made of those modified lymphatics known from ancient times as the *lacteals*. These vessels take their origin from the intestines to empty their contents via the thoracic duct into the left subclavian vein for admixture with the systemic blood. The lacteals were so named from their white color at certain times; that is, during active digestion, when the

lymph-stream is overwhelmed by the absorbed fatty granules, which give to it its milky hue. The milky-colored fluid has been termed chyle. During the intermission between active digestion the lacteals carry pure lymph, and, from their functions and structure being identical with that of true lymphatics, they deserve to be classed with the latter.

Origin of the Lymphatics.

Though many features of this system are yet obscure and open for investigation, it seems very probable that, as stated by Landois, the lymphatics arise as follows:—

1. **Connective-Tissue Spaces.**—These are very numerous, star-shaped or irregularly branched spaces which communicate with one another by fine tubular processes. They are lined with endothelium and contain lymph and a few "wandering cells."

2. **Within the Villi.**—This mode has been discussed under the subject of "Digestion."

3. **In Perivascular Spaces.**—The small blood-vessels which supply bone, central nervous tissue, retina, and the liver are themselves surrounded by lymphatic tubes which in many instances are larger than the blood-vessels. Between these tubes and the blood-vessels there exists a space called the *perivascular space* of His. These are believed to be one source of lymphatics, for, when they exist, the passage of lymph-corpuscles into the lymphatic vessels is greatly facilitated.

4. **In the Form of Interstitial Slits Within Organs.**—Within the testicle and certain other organs there exist long, slitlike spaces between the various cells and network of tubules. They are all, however, lined with endothelium. Into these spaces there is poured lymph from the blood-capillaries for the maintenance of the glandular cells, and at the same time it furnishes material for secretion. From these little slits lymphatics take their origin, but receive independent walls after their exit from the gland-substance.

5. **By Means of Free Stomata.**—These occur, for the most part, upon the walls of the larger serous cavities. Lymph is pumped here by the alternate dilatation and contraction of the serous surface, due to the movements of respiration and circulation; so that serous sacs may be regarded in a certain sense as large lymph-cavities. Fluids placed within these cavities readily find their way into the lymphatics. The cavities referred to are those of the peritoneum, pleura, pericardium, aqueous chamber of the eye, and labyrinth of the ear.

6. In the mucous membrane of the nose, larynx, trachea, and bronchi there have been noticed **open pores** which are in communication with the lymphatics.

Lymphatic vessels of moderate size are supplied with nutrient vessels (vasa vasorum), which are distributed to the external and middle coats of their walls; up to the present time no nerve-supply has as yet been ascertained except for the thoracic duct.

Lymphatic glands are hard, pinkish bodies varying in size, and are principally ovoidal. They are generally situated along the course of the larger blood-vessels. The afferent vessels enter the gland at various points on its surface. The efferent vessels emerge from a slight concavity on one side of the gland called the hilum. In this hilum the blood-vessels course. There are two parts in a lymphatic gland: the outer, lighter part, called the cortex; and the darker interior, called the medulla.

A fibrous covering envelops the lymph-gland and sends partitions into the gland, cutting it up into spaces called alveoli. These alveoli communicate freely with each other, and are filled with a lymphoid tissue where the leucocytes are undergoing division. They are generators of lymphocytes.

Flow of Lymph and Chyle.

The lymph and chyle always run in a centripetal direction from the periphery to the center under the influence of various forces. The villi contract and push their contents in a centripetal course, aided by the contractions of the intestinal muscles. The dilatation of the blood-vessels at each contraction of the heart pushes the lymph out of the perivascular spaces. Although the lymphatic cells by their proper activity are the principal cause of the passage of the plasma from the blood-vessels into the lymphatic capillaries, yet it is necessary to admit that the arterial blood-pressure contributes in a marked manner. By this exudation the interstitial pressure always tends to the same height as the intracapillary pressure—the stronger the intracapillary pressure, the stronger the interstitial pressure. On the other hand, the stronger the interstitial pressure, the more easily the lymph will be absorbed by the lymphatic capillaries. We must admit with Ludwig that the pressure of the blood is a powerful cause in the circulation of the lymph, and this can be easily shown by section and irritation of the spinal cord, after a cannula has been introduced into the thoracic duct, where the lymph-flow decreases with the dilatation of blood-vessels on section of the cord and increases on irri-

tation of the cut section. Once the lymph and chyle are in the vessels it continues to move by the muscular contraction of the walls of these vessels, and this movement can only take place in a centripetal direction by reason of the arrangement of the valves. The lymphatic ganglia, by their structure, offer a resistance to the circulation of the lymph, but their fibrous covering and unstriped muscles favor the flow. Cold-blooded animals have lymphatic hearts which act as motors in circulating the lymph. The valves in the lymphatic vessels are powerful adjuvants in propelling the lymph in a central direction. The respiratory movements have an influence. At the time of inspiration the flow of lymph, like the blood, rushes into the chest, owing to the partial vacuum in the chest. The pressure by muscular action on the lymphatics also greatly aids in the propulsion of the lymph.

Lymph moves at the rate of about ten inches per minute, and its pressure is fifteen millimeters of soda solution.

The *nervous system* bears a direct relation to the lymph-stream in so far as it governs the musculature of the lymph-trunks and capsule and trabeculæ of the lymph-glands. A solution of common salt injected beneath the skin of a frog will be rapidly absorbed, unless the central nervous system be destroyed, when no absorption takes place.

Composition of the Lymph.

Lymph is an albuminous, colorless fluid which contains lymph-corpuscles; these are identical with the colorless blood-corpuscles. Lymph is alkaline, has a specific gravity of about 1.015, and when drawn from its vessels it clots, forming a colorless coagulum of fibrin. The watery part of the lymph is known as the *lymph-plasma,* which contains the three elements necessary for coagulation: fibrinogen, fibrin-ferment, and calcium salts. It is very similar to blood-plasma, only diluted so far as its proteid constituents are concerned. The proteids present are *fibrinogen, serum-globulin,* and *serum-albumin.* The salts contained in solution are present in smaller proportion than those found in blood-plasma. The waste-products—urea, carbonic acid, leucin, etc.—are more abundant in the lymph than in blood; the solids herein contained reach 4 per cent., of which 3 $^1/_2$ per cent. are proteid in nature. The amount of glucose is about the same as in blood-plasma. The lymphocytes contain glycogen.

The apparently transparent lymph is found to contain corpuscles when examined under the microscope; to them the name *lymphocytes* has been applied. They have a large nucleus with comparatively little protoplasm. In some places—the thoracic duct, for example—a few

colored blood-corpuscles are found and are believed to have found their way into this distinct system by reason of diapedesis. The regular lymphocytes find their way into the blood-stream, where they multiply and are known as leucocytes.

The real manufactories of these lymphocytes are the lymphatic glands, whose alveoli contain adenoid tissue. The number of lymphocytes is much greater in the lymph after it has passed through a gland, and we find that lymph collected from regions where there are few glands, as the lower extremities, is always poorer in albumin and richer in water than the lymph in the large lymphatic vessels.

For purposes of analysis, lymph can be obtained from the limbs, thoracic duct, and serous cavities. Accidental lymphatic fistulæ in man as well as experimental ones in animals have been the source of much lymph for analytical purposes.

The pericardial fluid and aqueous humor are forms of lymph which are not coagulable except upon the addition of fibrin-ferment. Cerebro-spinal fluid has the identical appearance of lymph, but differs from it in chemical properties and composition.

Synovial fluid of joints differs from true lymph in that it contains mucin or mucinlike bodies and a high percentage of solids.

Chyle is the term used to designate the fluid of the lacteal system during active digestion, particularly of fats. It is an opaque, whitish, milky fluid, neutral or slightly alkaline in reaction. The color of the chyle is due to the presence in it of numerous *fatty granules,* each surrounded by an albuminous envelope, very minute, though uniform in size. Their fatty nature becomes evident when they are treated with ether, for they are immediately dissolved. Varying quantities of the fat give different shades of whiteness to the chyle. Thus, in addition to the constituents of the lymph, the chyle contains a large amount of fat, which is its characteristic feature. During fasting the chyle in the lacteals resembles ordinary lymph.

As the chyle passes on toward the thoracic duct, especially when traversing some of the mesenteric glands, it is elaborated. As a result there are fewer fat-particles, but there now begin to appear corpuscles to which the name *chyle-corpuscles* is applied. Further, it now gains the ability to coagulate spontaneously. As the chyle advances in the thoracic duct the corpuscles become more numerous, and the larger and firmer becomes the clot when the chyle is withdrawn from its vessels. The clot is like that of blood when only white corpuscles are present. Its ability to coagulate is due to the disintegration of the lymph-corpuscles which supply it with the necessary fibrin-factors.

Quantity of Lymph and Chyle.

It may be roughly stated that the amount of lymph and chyle combined passing through the large vessels in twenty-four hours is about twelve pounds. The formation of lymph in the tissues takes place continually and without interruption.

It must be remembered that the total quantity of the lymph and chyle is not a constant factor, but may become affected by different conditions. Thus, the amount of chyle becomes very much increased during digestion; is diminished during hunger. The amount of lymph increases with the activity of the organ from which it proceeds, while active or even passive movements of the muscles greatly increase its amount. Conditions which increase the pressure of the vascular supply of the tissues increase the amount of lymph, and *vice versa.*

Formation of Lymph.

Ludwig thought the lymph was regulated by differences between the arterial tension and the interstitial pressure, and to chemical differences between the two liquids resulting in an osmosis through the wall of the blood-vessel. Heidenhain has sought to prove that the lymph is a true secretory product. The quantity and composition of this liquid was regulated by the elective activity of the cells of the capillaries. He considers the force developed by the cells as one of the principal causes of the flow of the lymph. He based his conclusions on the fact that the quantity of lymph produced is not always exactly parallel in the value of the arterial tension. Lymph can flow for many hours after death when a fistula has been made in the thoracic duct. He also found that certain substances, as glucose, is larger in amount in the lymph than the blood, due, as he believes, to the selective action of the endothelial cells of the lymphatics.

Heidenhain makes two classes of lymphagogues. In his first class a decoction of crayfish, leeches, or mussels in the blood increases the flow of lymph from the thoracic duct, acting upon the endothelial cells of the capillaries. They cause a slight injury to the capillary wall, thus increasing its permeability, so that a slight rise of pressure greatly increases the transudation. They chiefly affect the capillaries of the liver. Curare has a specific action on the endothelial cells of the capillaries, causing an increase of lymph. The second class of lymphagogues—like sugar, salt, potassium iodide, and peptone—abstract water from the tissues into the blood, thus raising arterial tension and increasing the flow of lymph.

Skin and Lungs.

It remains to consider the nature of the absorption that takes place through the skin and lungs. These avenues are but subsidiary ones to the two greater ones just mentioned: intestinal absorption and that along the lymphatic system. Absorption through one of them takes place from *without;* so that it is usually classed with the first of the two processes of absorption mentioned at the beginning of this chapter.

For a long time it was a subject for much discussion whether water was absorbed by the skin with the epidermis still intact. It was a rather difficult matter to ascertain, since the skin is constantly giving off water in the form of perspiration, sensible or insensible. The absorption of water through the skin covering the body takes place very rapidly in the lower animals. It has been finally ascertained that absorption of water *does* take place through the skin of man, but to a much less degree than occurs in animals. Aqueous solutions of various drugs when in simple contact with the skin are only slightly active. It is believed that the great hindrance to their absorption is the presence of the fat that is normally present upon the skin and in its pores and interstices. If this be removed by the application of alcohol, ether, or chloroform, physiological effects of the drugs are soon manifested.

Inunction.—When ointments are *rubbed* into the skin so as to press the substance in, absorption will take place. Mercury when applied in this manner exerts its specific effect upon syphilis and excites salivation; tartar emetic so applied may produce vomiting or an eruption extending over the entire body. Voit found globules of mercury between the layers of the epidermis and even in the corium of a person who had been executed and into whose skin mercurial ointment had previously been rubbed. An abraded or inflamed surface absorbs very rapidly.

Under normal conditions minute traces of O are absorbed from the air; CO, CO_2, vapor of chloroform, and ether may also be absorbed.

In dysphagia, when the condition is so severe that even fluids cannot be taken into the stomach, immersion of the patient into a bath of warm water or water and milk may quench the thirst. It is well known that sailors, when destitute of fresh water, assuage their thirst by wetting their clothing with salt water and wearing them until dry. It is very probable that the effects produced are in a great measure attributed to hindrance to the evaporation of water from the skin.

Through the Lungs.—It is interesting to note that not only do gases pass through the epithelium of the pulmonary air-vesicles, but that fluids, such as water, may be absorbed when they have found their way into the air-passages. The presence of particles of carbon in the bronchial glands and other tissues of the respiratory apparatus is accounted for only by reason of the open pores: one of the origins of the lymphatic system.

CHAPTER V.

THE BLOOD.

Blood is a red, somewhat viscid fluid, denser than water, and apparently composed of but one substance. This liquid, which is usually spoken of as the nutritive fluid of the body, serves as an internal medium of exchange existing between the foodstuffs found in the outer world and the cells composing the various tissues of the body. It was constantly kept before the student's attention that the main and ultimate end of digestion was the absorption of the foodstuffs into the blood-stream, not as proteoses and peptones, but as native albumins and globulins—these latter the results of the living, vital activity of the epithelial cells of the villi through which pass the proteoses and peptones. Thus, into the blood are poured new products (the work of digestion), which are carried by its circulation to all parts of the body, to be given up to the various tissues having need of them. By this means every cell receives the nutriment necessary for carrying on its own metabolic processes, either directly or indirectly. For the student will remember that each cell possesses an inherent selective capability. From the pabulum contained in the enveloping lymph it is able to take up those factors which it can work up into its own constitution to form an integral part of itself. These constituents, having served their respective purposes, are no longer of any value to the cell—they are waste-products, and as such must be gotten rid of. Passing out from the cell-substance, they find themselves in the same enveloping lymph, to be eventually carried again into the blood-stream for elimination through the excretory activities of the lungs, kidneys, and skin. Thus, indirectly the blood is a medium of elimination of such deleterious products as urea, uric acid, water, carbon dioxide, etc.

However, the afferent function of the blood is not simply single, for it conveys to the tissues in addition that material, all-important for successful combustion,—namely, oxygen,—which has been obtained from the respired air of the lungs. Among warm-blooded animals another office served by the blood is to equalize to a certain degree the temperature of the body.

Color.—There are certain characteristics which distinctly mark blood from other fluids. The color of the blood of vertebrata is generally red. Its shade is, however, not fixed. As the blood-stream passes through a variety of tissues and is subjected to many different conditions, its color varies from a scarlet red in the arteries to a bluish red found within the veins. It is the presence of the oxygen in combination with hæmoglobin that gives to the arterial blood its bright color. Lessened oxygen means excess of carbon dioxide, and it is the presence of the latter which gives to venous blood its characteristic bluish-red color.

When normal blood is drawn from a blood-vessel to be placed upon a glass slide as a very thin film, it is found to be opaque, and printed matter cannot be read through it. This opacity is produced by differences of refraction possessed by its several components. The healthy red color of the nails, conjunctiva, lips, ears, and mucous membranes in general is due to the presence of the blood. When there is insufficient supply to these parts,—temporarily in fainting or for a longer period, as in anæmia,—they become pale and waxy in color. In asphyxia and certain heart affections there is a want of proper oxidation, with a resultant bluish color to the above-named parts.

Reaction.—The reaction of blood is alkaline. This alkalinity is variable in amount. Thus, it is diminished after great muscular exertion, owing to the formation and presence in it of a large quantity of sarco-lactic acid. After long-continued ingestion of soda the alkalinity is increased; after the use of acids it is diminished. In no case, however, does it become distinctly acid. To test the alkalinity of the blood, dry, faintly reddened glazed litmus-paper is used. Upon it is placed a drop of blood, which is allowed to remain for half a minute, to be then wiped off with a weak salt solution. The result is a blue spot upon a red background.

Blood possesses a distinctly salty taste. It owes this property to the presence of disodic phosphate and bicarbonate of soda.

Specific Gravity.—The specific gravity of normal, healthy blood varies within certain limits: for men, about 1.057 to 1.066; for women, 1.054 to 1.061. Its density is influenced by various factors and conditions. If fluids be used sparingly and a dry diet eaten, the density is increased. It is also increased by exercise and profuse sweating. It falls when fluid is injected into the vessels, but for a short time only.

The temperature of the blood varies between 97.7° and 100° F. The cutaneous blood-supply is slightly lower in temperature, while

the warmest blood is that in the hepatic vein; the coldest in the tip of the nose.

Fresh blood imparts a decided odor, peculiar to the animal from which it is drawn. The odor of blood is due to volatile fatty acids held in solution. The effect becomes more striking upon the addition of concentrated sulphuric acid to the blood.

Quantity of Blood.—From very early times the theme of the quantity of blood circulating within the body has been uppermost in the minds of physiologists and investigators. By reason of the methods then employed the results were inaccurate and difficult of attainment. Simple bleeding was resorted to, but deductions depended upon the rapidity with which the blood was lost. If the animal were bled very rapidly, then considerable of blood remained in the vessels. If the blood was extracted very slowly, not only blood, but serum from the lymphatic vessels, spaces, and glands was obtained. These factors very materially altered the calculations.

The accepted, though not very simple, method, for determination of quantity is that of Welcker's. It is as follows: The specific gravity of the blood as well as weight of the animal are first noted. A cannula is placed in the animal's carotid through which is extracted a quantity of blood to serve as a sample. This is defibrinated, whereupon portions of it are diluted at different known strengths. The remainder of the blood in the body is then allowed to escape, and is collected and defibrinated. A normal salt solution is next run through the vessels and likewise collected. The entire body, minus the stomach and intestines, is then cut into very fine pieces and extracted with water for one or two days, at the end of which time the bloody water is expressed and added to the drawn blood and washings. The entire amount is carefully measured.

The experimenter compares this diluted blood with the previously prepared samples of the diluted blood of known strength until he finds tints of two that are exactly alike. From the total quantity of diluted blood and the knowledge of what the sample contains it is comparatively easy to calculate the amount of blood contained in the body. To this must be added the blood drawn at first to make the various samples. The weight of the animal compared with the above results gives the proportionate amount.

By this and similar computations it has been ascertained that the blood is equal to from one-eleventh to one-fourteenth of the body-weight. Approximately, it may be said to be one-thirteenth of the body-weight.

"Roughly, it may be said that the lungs, heart, large arteries, and veins contain one-fourth; the muscles of the skeleton one-fourth; the liver one-fourth; and other organs one-fourth." (Ranke.)

Arterial and Venous Blood Compared.—At this point the student's attention is called to but a few main points wherein the arterial and venous bloods differ. Very conspicuously stands out the marked difference in color: the scarlet of arterial, the bluish red of venous blood. These color-differences depend primarily upon the amount of oxygen-gas contained in the blood. It unites with the iron of the blood-corpuscles (little bodies) to form a very unstable compound, known as oxyhæmoglobin. When carbon-dioxide gas is present it also forms an unstable compound. Its color is dark. When oxyhæmoglobin is in excess, as it is in arterial blood, the color is a bright red. When carbon dioxide is in the ascendancy, the blood is bluish red and the oxygen-gas is present in diminished amounts.

Arterial blood contains more of the assimilable products of the digestive processes, so that it is better fitted to supply the cells with their proper nutrition and materials to the various glands for their secretions. It also contains greater quantities of salts, fats, and sugars. Venous blood contains less nutriment, but more waste-products resulting from catabolic processes, particularly urea and carbonic acid.

Composition of the Blood. — Apparently the blood-stream, as viewed by the naked eye, is composed of one homogeneous, red substance; but when examined histologically with the microscope this impression becomes entirely dispelled. It is then found to be composed in reality of a transparent liquid portion, known as the *plasma*, or *liquor sanguinis*, in which, as a medium, float an immense number of *blood-corpuscles.* The great majority of these latter are colored, and it is due to them that the blood owes its color. There are at least three different kinds of blood-corpuscles, commonly known as the *red* corpuscles; the *white* corpuscles, or *leucocytes;* and, last, *blood-plates.*

The *red corpuscles* of mammalia—the camel and others of the group of *Camelidæ* alone being excepted—are circular plates, biconcave, and without nuclei. Those of the camel, birds, and reptiles are elliptical and biconvex.

Human red blood-corpuscles are biconcave, disc-shaped bodies with rounded edges and slight central depressions. They have been tersely described by one author as "circular, biconcave, nonnucleated discs."

The corpuscles are formed of a semisolid, homogeneous, iron-holding mass which appears to have no membrane or nucleus, for a nucleus is normally met with in them only during embryonic life of mammals and in the blood of the lower vertebrates, as the amphibia. In *size*, they are about $^1/_{3200}$ inch in diameter and $^1/_{12000}$ inch in thickness. Various causes and conditions may, however, slightly increase or decrease their size.

Fig. 15.—Blood-corpuscles of Different Animals. (THANHOFFER.)

1, *Proteus*. 2, *Rana esculenta*: *a*, upper view of same; *b*, white blood-corpuscles; *c*, side-view of red corpuscles. 3, Triton. 4, Snake. 5, Camel. 6, Turtle. 7, Salamander. 8, Carp. 9, *Cobitis fossilis*. 10, Cuckoo. 11, Chicken. 12, Canary bird. 13, Lion. 14, Elephant. 15, Man: *a*, upper view of same; *b*, crenated form; *c*, white blood-corpuscles. 16, Horse's cells in rouleaux. 17, Hippopotamus.

Because of their extremely small size the corpuscles are not really red when viewed singly with the microscope, but rather of a pale yellow or even greenish tinge. It is only when millions of them are *en masse* that the characteristic red color becomes apparent: scarlet red in arterial blood, purplish red in venous blood. These shades of red are occasioned by the varying proportion of oxygen in combination with the hæmoglobin, with which the gas unites very readily. Because of this fact it falls to the lot of these little bodies to perform a very important function for the economy, viz.: to con-

vey oxygen from the lungs to the tissues to be distributed to them. The O is held by the hæmoglobin so lightly and unstable that it can be very readily extracted from the corpuscles by the cells of the tissues. Upon the blood depends the *internal respiration* of the tissues and all oxidation processes. While there is undoubted active oxidation occurring in the blood itself, yet the blood is not the place of the oxidation in the body. The cause is in the living cells of the tissues. In addition to an inherent affinity possessed by the tissues for oxygen, its passage from the blood to the tissue-cells, as also the passage of carbon dioxide from the cells back to the blood-stream,

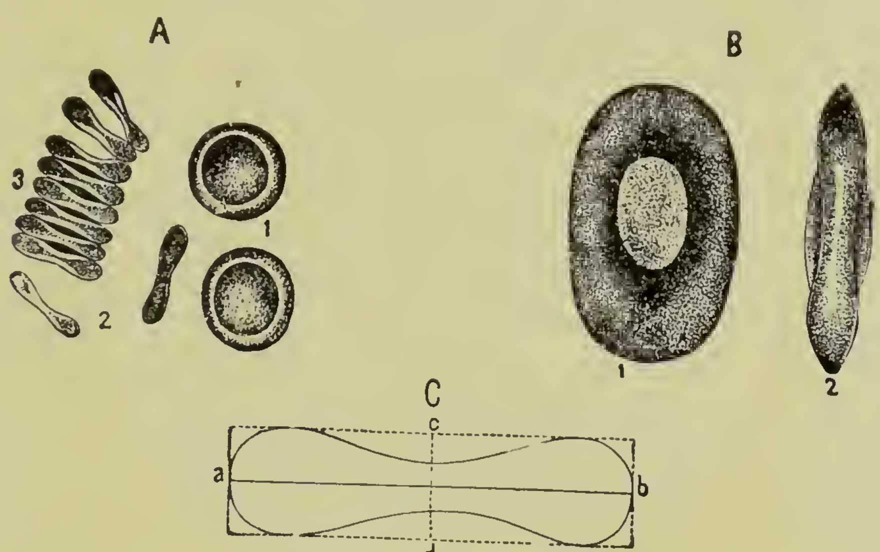


Fig. 16.—Human and Amphibian Blood-corpuscles. (LANDOIS.)

A, Human red blood-corpuscles: 1, on the flat; 2, on the edge; 3, rouleaux of red corpuscles. *B*, Amphibian red corpuscle: 1, on the flat; 2, on edge. *C*, Ideal transverse section of a human red corpuscle, magnified 5000 times. *a-b*, linear diameter; *c-d*, thickness.

depend very materially upon differences of pressure of these two gases in the blood and tissues. The direction is always from a higher pressure to a lower one.

A peculiar inherent power and property of red corpuscles is to arrange themselves, when withdrawn from their retaining vessels, in the form of rolls of coin, adhering to one another by some peculiar affinity. To describe this condition the term *rouleaux* has been used. This peculiarity becomes particularly marked when there is an inflammatory state of the system. Formation of *rouleaux* can be prevented by the injection of physiological saline solution.

Parasites of Blood-corpuscles.—In the red corpuscles of some birds and fishes the microscopist frequently notices small, transparent

spots. These are "pseudovacuoles," in which may be developed and later shed into the blood-stream small parasites. Within the red corpuscles of man, when affected by malaria, are developed the *Plasmodium malariæ*. Their passage into the patient's blood-plasma marks a paroxysm.

The *number* of the corpuscles is usually spoken of in terms of cubic millimeters; thus, in man there are about 5,000,000 per cubic millimeter; in woman, about 4,500,000. These figures represent the average number per cubic millimeter, but even in health and in the same individual there may be wide variations from this standard given, to say nothing of the extreme diminution experienced in certain pathological conditions.

As the corpuscles are small bodies floating in a liquid medium, the student can easily understand why their number should be in inverse ratio to the quantity of plasma, when the unit, cubic millimeter, is considered. Copious sweating and the loss of much water by way of the bowels and kidneys occasion a temporary increase in their number. Normally, there is no difference as to the number of corpuscles in arteries and veins, provided there be no congestion in the latter.

A most interesting variation is that produced by habitation in high altitudes. A two weeks' sojourn in a high mountain has been known to show an increase from 5,000,000 to 7,000,000 per cubic millimeter. This is accounted for not because of any real increase in the manufacture of corpuscles, but to increased evaporation with consequent loss of larger amounts of water. In chlorosis and pernicious anæmia the corpuscular count falls considerably. A decrease to half a million per cubic millimeter is the lowest limit compatible with life.

Life-cycle of the Red Corpuscles.—The life of the red corpuscle is unknown. In experimental transfusion the red corpuscles disappear at the end of a variable period. The destruction of blood-corpuscles in extravasations does not give us any precise results. Observing the differences in color, consistency, and chemical reaction, it is found that they correspond to the different degrees of development. This shows that in the blood there is a constant destruction and renewal of the corpuscles.

As to the *place* of destruction of the red corpuscles, certain facts show that the *liver* and *spleen* seem to be places for the accomplishment of it.

Counting Red Corpuscles.—Various methods have been devised for counting the number of corpuscles, the instruments used receiv-

ing the name *hæmacytometers.* Modifications are numerous, but underlying all of them is one main principle, namely: the actual counting of the corpuscles within a certain measured bulk. To preserve the shape and integrity of these little bodies during the technique it is necessary to dilute the sample of blood with some solution whose specific gravity exactly equals that of the blood-serum. Some of this blood-solution is then placed upon a graduated slide beneath a micro-

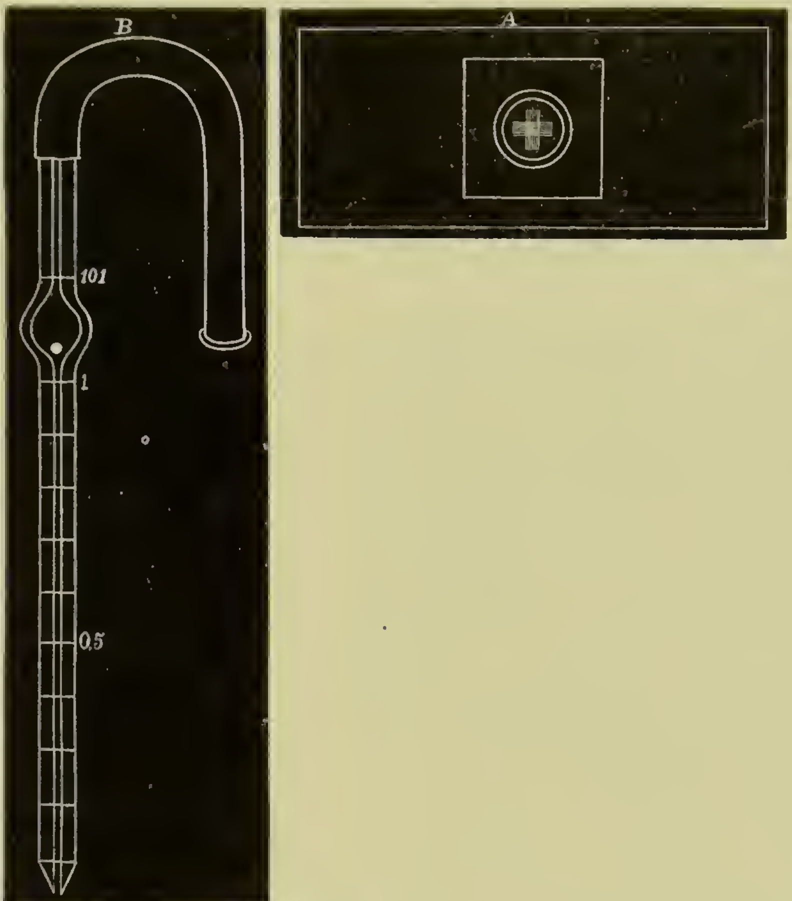


Fig. 17.—Hæmacytometer of Thoma-Zeiss. (LAHOUSSE.)

A, Capillary glass tube. *B*, A glass slide upon which is a covered disc accurately ruled so as to present 1 square millimeter divided into 100 squares of 1/20 millimeter each. 1, Blood is drawn up to this point. 101 represents normal saline-solution drawn up the tube, mixed with the blood drawn up to 1. In 101 parts the blood forms 1 part.

scope for counting, when the number per cubic millimeter is easily computed.

At this point the attention of the student will be directed to but two instruments: (1) the Thoma-Zeiss apparatus and (2) the Daland hæmatocrit.

1. THOMA-ZEISS APPARATUS.—The apparatus consists of two separate and distinct parts: a capillary tube and a counting chamber.

The tube is for the purpose of measuring the amount of blood whose corpuscles are to be counted. By it also is accomplished the proper dilution in the upper, bulbed chamber. The capillary portion of the tube is graduated to 0.5 and 1.0 marks. Just above the capillary portion of the instrument is the bulbous portion containing a small glass ball to assist in the thorough mixing of blood and diluting normal saline fluid. Just above the bulb is the 101 mark. For drawing both blood and the diluting saline into the apparatus there is attached a piece of rubber tubing with a suitable mouthpiece. With the blood up to the 1.0 mark and enough diluting saline to bring the whole quantity of liquid to 101, the dilution is 1 to 100.

The second portion of the instrument, known as the *counting chamber*, is constructed so as to enable one to count under the microscope all the cells in a known bulk of the diluted blood. In the center of a thick glass slide is cemented a cover-glass of accurately measured thickness with a hole in the center about 1 centimeter in diameter. In the central area of this cover-glass is also cemented to the glass slide a glass disc about 2 millimeters smaller in diameter and exactly $^1/_{10}$ millimeter thinner than the cover-glass. The glass shelf being exactly $^1/_{10}$ millimeter thinner than the cover-glass, it will readily be seen that if a second loose cover-glass be laid upon the first, the under surface of this loose cover-glass will be exactly $^1/_{10}$ millimeter above the upper surface of the glass disc. In this way there is secured a layer of fluid $^1/_{10}$ millimeter in depth. Furthermore, 1 square millimeter of the surface of the disc is outlined and subdivided by intersecting lines into 400 small squares. For convenience in counting, every fifth row of squares is divided into two by an additional line. The volume of diluted blood above each square of the micrometer will be $^1/_{4000}$ cubic millimeter. The average of 10 or more squares is then ascertained, which result is multiplied by 4000 times 100 to give the number of corpuscles in a cubic millimeter of undiluted blood.

THE HÆMATOCRIT.—A rapid approximate determination of the relative percentage of the corpuscles may be made by *Daland's instrument.* The blood is sucked up the graduated tube *without dilution* and then centrifuged. The corpuscles rapidly accumulate at the end of the tube in an almost solid mass and their collective volume can be directly read off. The estimate can be made with a small quantity of blood, and is, therefore, capable of being used for clinical purposes. Daland found that 50 on the scale was normal; this, multiplied by 100,000, gives the number of corpuscles in 1 cubic millimeter.

Experiments Upon the Blood.—Points of interest to the physiologist particularly and the clinician incidentally have been disclosed as the results of some simple experimental work upon the blood-corpuscles. Each red corpuscle is seen to be composed of a fine meshwork, or stroma, consisting of noncolored, homogeneous protoplasm. Seattered throughout this framework is the iron-holding pigment, which gives color to the corpuscle and is the substance with which the oxygen-gas enters into loose combination. Any reagent which is able to sever the union between stroma and hæmoglobin causes the latter to pass into solution in the plasma. The once-red corpuscles then appear as transparent bodies. This makes the blood dark red, but *transparent*, since the coloring matter is in solution. When the blood is in this condition it is said to be "lake-colored."

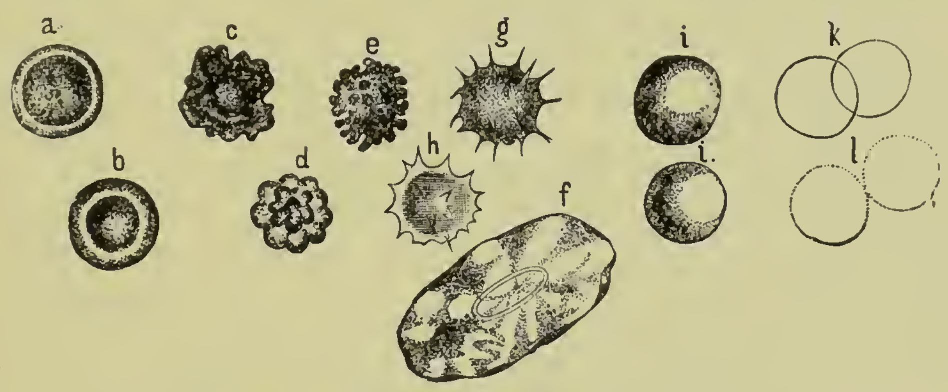


Fig. 18.—Red Blood-corpuscles. (LANDOIS.)

a, *b*, Normal human red corpuscles with the central depression more or less in focus. *c*, *d*, *e*, Mulberry forms. *g*, *h*, Crenated corpuscles. *k*, Pale, decolored corpuscles. *i*, Stroma. *f*, Frog's corpuscles acted upon by a strong saline solution.

Laky blood may also be produced upon the injection of the blood-serum of one animal into the blood of another kind, the serum having the power to destroy the red corpuscles. The term "globulicidal action" covers this property of the serum.

The first effect of *pure water* upon red corpuscles is to produce a very obvious change in shape. From being discoid in form, they become spherical, or nearly so. After some time the hæmoglobin becomes dissolved out, leaving the corpuscles transparent: shadow-corpuscles. The knowledge thus gained led to further research to find some solution which will not affect the corpuscles.

Isotonic Solutions.—To prevent "laking" of the blood normally there must be a certain degree of concentration of the medium immediately surrounding the corpuscles so that just sufficient water is maintained within the corpuscles as is needed. If by the addition

of distilled water or other reagents this degree of concentration is changed so that the balance is broken, then too much water enters the corpuscle. There immediately follows a change in shape, with forcing out of the pigment. A solution containing just enough of salts so that the corpuscles are neither altered in shape nor lose their hæmoglobin is said to be "isotonic." The percentage of NaCl necessary to generate such a solution is, for frogs' blood, 0.65 per cent.; for blood of man, 0.95 per cent.

The action of certain *organic substances* is of considerable importance. Thus, bile and the alkaline salts of the biliary acids have the power to dissolve and destroy the red corpuscles with phenomena which resemble those produced by the action of chloroform. *Urea* in solution also destroys them.

As to *vitality*, it is known that the corpuscles of blood that have escaped from the circulatory system, as well as those from defibrinated blood, when reintroduced into the living blood-stream, retain their vitality.

THE WHITE CORPUSCLES.

The white corpuscles are colorless, spherical little bodies which are a little larger than the red ones and much less numerous. Each is about $^1/_{2500}$ inch in diameter and is composed of granular protoplasm that is highly refractile and without any enveloping membrane.

In striking contrast to the erythrocytes, the leucocytes possess not only one, but usually three nuclei; even four are not uncommon. Within the nuclei may be defined several distinct *nucleoli*.

When examining a section of blood, it is at once a striking feature how few are the white as compared with the red corpuscles. In the average field but three or four are found, while at the same time hundreds of erythrocytes are noticed. The average is but *1* white for every *500* or *600* red ones.

This proportion does not pretend to convey an accurate idea of their relationship because of the frequent fluctuations of the white corpuscles even in a single day. They increase during digestion and diminish during abstinence.

Bleeding, lactation, quinine, local suppuration, and leucocythæmia increase the white corpuscles; their number is diminished by large doses of mercury.

The proportionate number of leucocytes that is found in blood drawn from its containing vessels is no criterion of the number found within the blood-stream. As soon as blood is drawn from the body,

for no accountable reason as yet known, an immense number of white corpuscles disappears. It is stated that there remain but one-tenth of the number previously found in circulation.

Colorless corpuscles are not essentially peculiar to the blood-stream nor to be found only in it, for similar corpuscles are found in lymph, chyle, adenoid tissue, the marrow of the long bones, and also as wandering cells in connective tissue, drawn thither by inflammation and bacteria.

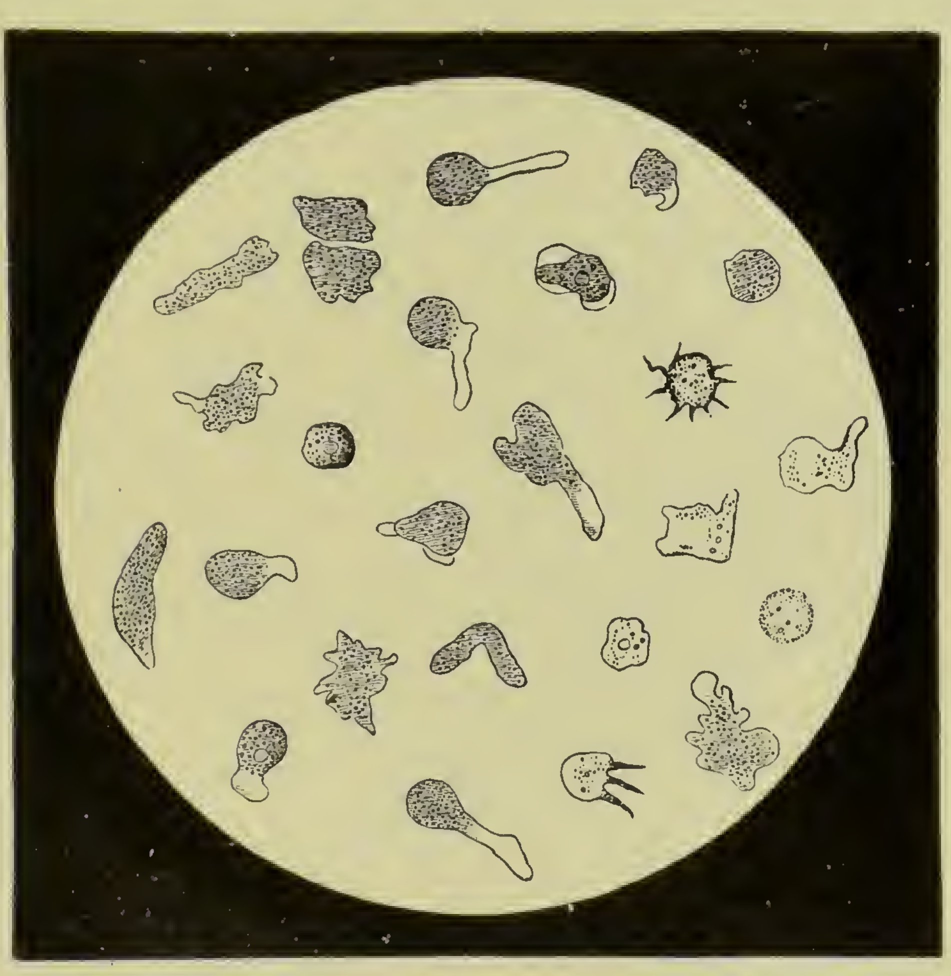


Fig. 19.—Leucocytes of Man, showing Amœboid Movement. (Landois.)

Varieties.—According to Ehrlich, they may be separated into *three groups*, the basis of classification depending upon the *staining proclivities* of the *granules* held within the cytoplasm. To the first group he gave the name *eosinophiles*, because the granules of this class of corpuscles stain best with *acid* aniline dyes. The *basophiles* comprise the second group and include those staining best with *basic* dyes. Last come the *neutrophiles;* their granules are capable of being colored only by the presence of neutral dyes. This classification is a

very popular one and one that holds a very prominent position in pathological circles.

Another and perhaps easier classification is into (1) *lymphocytes*, (2) *mononuclear leucocytes*, and (3) *polymorphonuclear leucocytes.*

1. Lymphocytes. — These contain a single, round, vesicular nucleus enveloped in a *scanty supply* of rather granular cytoplasm. They are derived from the cells of the lymphatic glands.

2. The Mononuclear Leucocytes, as the term implies, hold but a single nucleus. They are large, adult-sized cells, with a vesicular nucleus surrounded by a *liberal supply* of cytoplasm. They possess certain amœboid movements.

3. The Polymorphonuclear Leucocytes are especially conspicuous because of the number and curious forms in which their nuclei are found. There may be as many as four or five distinct nuclei or but one divided entirely or partially into separate lobes. As to shapes, the horseshoe and crescent are very prominent. These are the cells that are particularly active in their amœboid movements.

These latter classes may represent but various stages in the life-history of a single leucocyte, the lymphocyte representing the embryo, the polymorphonuclear the adult cell.

Amœboid Movement.—All the leucocytes, with the exception of the lymphocytes, have in common a very remarkable attribute of spontaneously changing their shape and thereby executing certain movements, which, from their great similarity to those performed by the micro-organism amœba, have been termed *amœboid.* When the conditions of temperature and moisture are maintained at the proper standard, the leucocytes will be seen slowly to alter their shapes and to send out from their cytoplasm little processes into which the remainder of the leucocytes seems to flow, thereby causing a slight movement with change of position. This process repeated successively gives to the cell its power slowly to move from place to place, after having worked its way through the vessel-walls into the surrounding connective tissues. This locomotion is frequently termed the "wandering" of the cell. To their sticky exteriors there are frequently seen adhering fine pieces of broken-down cells, bacteria, and other foreign particles. By reason of certain internal circulatory movements in the protoplasm of the leucocytes, these adherent foreign particles may be drawn into the interior of the cell, where some are absorbed, others excreted as effete matters.

Functions of the Leucocytes.—It is definitely known that the leucocytes play an important rôle in the process of blood-coagulation.

Their relation to this most important process will be discussed under the head of "Coagulation." They are believed to help maintain the needed proportion of proteids.

Their most evident function is the protection of the economy from both harmless and pathogenic bacteria. This they accomplish by two methods. The first is by generating a defensive proteid which, when imbibed by the bacteria, kills them. The second and more usual method is that of drawing into their interiors the various bacteria, together with the *débris* resulting from lesions, and, as it were, *eating* them. From this apparent consumption of foreign particles they have gained for themselves the name of *phagocytes,* and the act is known as *phagocytosis.* The seat of the presence of the bacteria mark a miniature battlefield, with the hosts of bacteria drawn up on one side in battle array against the leucocytes, the two armies to become engaged in a death-struggle. If the leucocytes, now termed phagocytes, are victorious, they not only kill their adversaries, but even remove every vestige of the combat, aided by the fixed connective-tissue cells. Those leucocytes which come out of the affray unharmed, and are no longer needed, find their way back into the blood-stream.

If, however, the bacteria with their toxic secretions and excretions are too powerful for the phagocytes, the latter succumb, to become pus-corpuscles. When the pus has been removed by drainage and the action of other leucocytes, the broken-down tissues are replaced by regenerating connective tissues.

Bacteria are not alone the provocation for attack by the phagocytes, for the presence of other foreign matters will also call out an assault. It is well known that surgical ligatures of gut and silk that are allowed to remain *within* the body-cavity and tissues are gradually removed, particle by particle, by the phagocytic action of the leucocytes.

The absorption of the tails of tadpoles and other batrachians is due to phagocytic action.

Diapedesis.—By reason of their locomotive tendencies the leucocytes and red corpuscles are able to make their way through the walls of the capillaries; this emigration has been styled *diapedesis.* There are several stages before the leucocyte finally makes its exit, namely: slowing of the current with the adherence of the cell to the side of the blood-vessel, and projection of processes, to be followed by the gradual exit of the entire leucocyte. This process occurs to some extent in health, but is greatly exaggerated by inflammation, presence of bac-

teria, etc. Circumscribed collections outside of the vessels often form abscesses, the leucocytes then receiving the name *pus-corpuscles.* The leucocytes in this condition usually are dead and show signs of fatty degeneration. Frequently red corpuscles follow in the wake of the white ones, passing through the openings in the vessel-walls made by the former.

In acute fevers and septic processes, as the temperature rises there follows a decrease in the number of erythrocytes, with a corresponding increase of leucocytes.

Origin of Leucocytes.—The source of the colorless corpuscles seems to be rather extended. They originate in the bone-marrow and

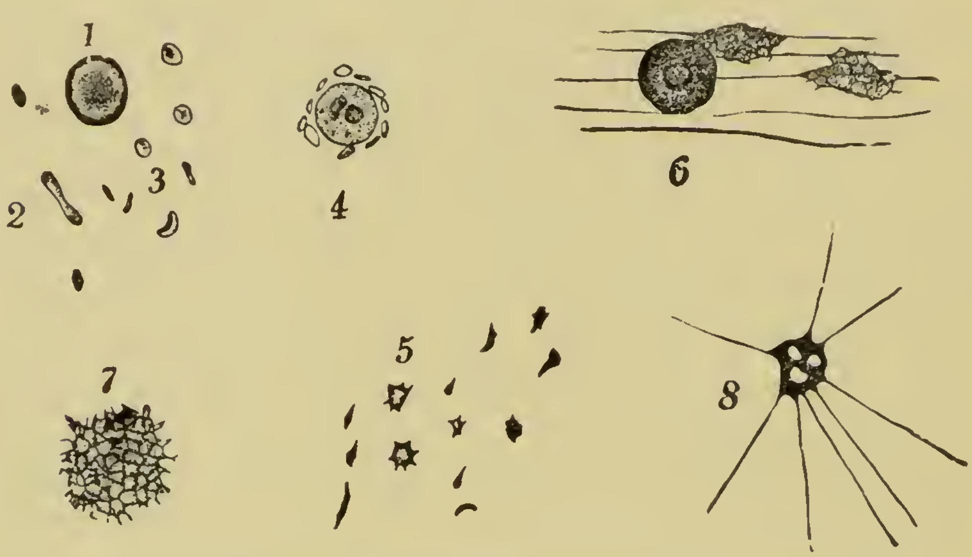


Fig. 20.—Blood-plates and their Derivatives. (LANDOIS.)

1, Red corpuscle on the flat. 2, On the side. 3, Unchanged blood-plates. 4, Lymph-corpuscle surrounded by blood-plates. 5, Altered blood-plates. 6, Lymph-corpuscle with two heaps of blood-plates and threads of fibrin. 7, Group of fused blood-plates. 8, Small group of partially dissolved blood-plates with fibrils of fibrin.

spleen, but the credit for greatest production belongs to the lymphoid tissues and lymphatic glands. From these latter sources the leucocytes enter the lymph-circulation, from thence to be emptied into the blood-stream. After having once gained entrance to the blood-circulation there is rapid multiplication to keep up the proper supply, since many succumb to the poisons secreted and excreted by the various bacteria.

Blood-plates and Elementary Granules.—In addition to the erythrocytes and leucocytes found floating in the *liquor sanguinis,* there have been discovered other numerous, smaller bodies, termed blood-plates and elementary granules.

The *blood-plates* are pale yellow or colorless discs; round, oval, or crescentic in shape; and varying within wide ranges as to size, although *always* smaller than red corpuscles. In blood that has been drawn from the vessels they diminish very rapidly both in numbers and size, becoming gradually dissolved in the plasma and are believed to assist in coagulation. As to their nature, there is some diversity of opinion, but the consensus of thought seems to be in favor of the plates being formed bodies, and not precipitates. They have been found to contain the same elements chemically as do the nuclei of the leucocytes, so that they are probably fragments of the *nuclei* of disintegrated leucocytes. In number, their range is very extensive: from 15,000 to 200,000 in a cubic millimeter of blood.

The elementary granules are smaller than the blood-plates and appear to be composed of portions of the *protoplasm* of leucocytes. They contain proteid and fatty matters.

FORMATION OF RED BLOOD-CORPUSCLES.

The red corpuscles, as every other portion of the economy, perform their allotted task and round of existence, to finally die and disappear. Just how long the red corpuscle lives is yet unknown, but that it cannot be very long lived is probable when we consider that its hæmoglobin is the parent-body of the bile-pigments which are constantly being expelled from the body as a portion of the fæces. Hence there must constantly be manufactured a new supply of corpuscles to replace those that die.

The origin of the red corpuscle as to *time* may be spoken of as that which occurs during *intra-uterine life* and that occurring during *extra-uterine life*.

During Intra-uterine Life.—The corpuscles which first appear in the human embryo owe their existence to a very simple origin. They differ in some respects from those that appear later during intra-uterine life, and very materially from those formed during life outside of the uterus.

The wall of the yelk-sac, situated entirely outside of the body of the embryo, is the seat of the first vessels and blood. In the chick the corpuscles appear during the first days of incubation and before the appearance of a heart. At the end of the first day, surrounding the early embryo there appears a circular, vascular area made up of cords of cells in which are developed the first evidences of the vessels and corpuscles. The corpuscles appear in groups within this branched network of mesoblastic cells, where they form the "blood-

islands" of Pander. Presently the cords of mesoblastic cells which compose this network begin to become vacuolated and hollowed out to constitute a system of branching canals, at the same time that their cells acquire the endothelial type. The small, nucleated masses of protoplasm, known as the "blood-islands," undergo disintegration, whereby their nuclei are set free to soon collect around themselves a thin envelope of protoplasm. These constitute the primitive red corpuscles, and are the only bodies contained within the blood during the first month. In the meantime they have been acquiring a reddish hue, which marks the advent of the hæmoglobin. As the canals become extended and branched eventually to connect with the heart as its system of vessels, there appears within them a fluid into which are emptied the red corpuscles. Thus is completed the circulation. According to Klein, the nuclei of the protoplasmic vessel-walls multiply to form new cells. The primitive corpuscles are spherical in shape, nucleated, and possess amœboid movements. They undergo multiplication by karyokinesis.

During the fœtal period the protoplasm of the *connective-tissue corpuscles,* derived from the mesoblast, contains cells of the size and appearance of blood-corpuscles. The mother-cells elongate, throw out processes which become hollowed out and branched until they reach the regular circulatory vessels, with which they unite to empty into them their fluid and cells. During this period also they seem to be developed from the liver, spleen, and red bone-marrow.

During Extra-uterine Life.—For some time after the birth of the mammal, nonnucleated corpuscles are still formed in the spleen, liver, and connective-tissue cells, but by far the most important and prolific seat is in the *red marrow of bones.* It is in the bones of the skull and trunk and ends of the long bones that blood-formation is most extensive; the shafts of these bones contain a yellow, fatty substance which is nonproductive. Within the marrow is seen numbers of nucleated, red cells, which are very similar to the corpuscles of the embryo, and, like them, multiply by karyokinesis. From these repeated divisions there result nonnucleated red corpuscles which are washed into the circulation. The blood-forming cells have received the name of *erythroblasts,* or *hæmatoblasts,* and are particularly numerous after copious hæmorrhage, when the loss of blood is being replaced by more active formation. At such times some erythroblasts may appear in the blood-stream, having been forced out prematurely, so active is the function of the red marrow in striving to repair the damage done. These soon lose their nuclei while in the blood-stream.

If the loss by hæmorrhage has been particularly severe, the yellow bone-marrow and spleen assist in blood-manufacture, for in the latter and in the splenic vein are found nucleated, red corpuscles identical with those of the red marrow of bone.

DESTRUCTION OF THE RED CORPUSCLES.

No exact time can be given as the life-period of an erythrocyte, but it is usually estimated to be in the neighborhood of three or four weeks. The student can gain some comprehension of the number of corpuscles which must constantly be undergoing disintegration when he recalls the fact that all of the pigmentary matters in the body owe their existence, directly or indirectly, to the hæmoglobin of these little bodies. The quantities of urinary and biliary pigments alone that are excreted from the economy are considerable.

Physiologists have proved that there are fewer red corpuscles in the hepatic than in the portal vein. The bile-pigments are formed by the liver-cells; these coloring matters contain only traces of iron, while the hepatic cells are rich with it. They give the characteristic test for iron when treated with hydrochloric acid and potassium ferrocyanide.

Traces only of the iron are excreted as a constituent of the bile. The presence of iron in the spleen has long made this organ seem a cradle to many physiologists where erythrocytes are born and nourished. But the presence of this same element advances an argument equally as strong in favor of the spleen being the grave for these same little bodies.

Pathologically, masses of iron substances are found within the spleen, liver, and red bone-marrow when abnormal disintegration occurs, as in *anæmia*.

CHEMISTRY OF THE CORPUSCLES.

The red corpuscles consist of a stroma containing in its meshes a peculiar proteid hæmoglobin. Chemically they are made of 60 per cent. of water and 36 per cent. of hæmoglobin, the remaining 4 per cent. representing the stroma, which is made up of lecithin, cholesterin, and nucleo-proteid. The white corpuscles consist of solids and water. The solids are gluco-proteids and nucleo-proteids and a small amount of albumin and globulin. The protoplasm may also contain glycogen and fat. The nucleus is made up of nucleo-proteids, nuclein, and nucleic acid. The phosphorus content of the nucleus is greater than that of the protoplasm.

The following table is the result of the analyses reported by Halliburton:—

CHEMICAL COMPOSITION OF BLOOD.

PLASMA.

Average, 52%
Maximum, 56.7%
Minimum, 45.6%
Take 100 parts

- Water 90.29%
- Solids (9.71%)
  - Organic (8.86%)
    - Proteids
      - Serum-albumin, Serum-globulin . 7.9 %
      - Fibrin . . 0.4 %
    - Extractives: Fats, etc. . 0.56%
  - Inorganic (0.85%)
    - Soluble salts . NaCl, KCl, $NaHCO_3$, Na_2HPO_4
    - Insoluble salts . $CaHPO_4$, $CaSO_4$
    - (Soluble and insoluble salts together) . 0.85%

100.00%

CORPUSCLES.

Average, 48%
Maximum, 54.4%
Minimum, 43.3%
Take 100 parts

- Water 68.80%
- Solids (31.2%)
  - Organic (30.4%)
    - Proteids (29.79%)
      - Hæmoglobin (27%): Hæmatin (Fe), Globulin . . 27.36%
      - Globulin 2.43%
    - Fats . . Lecithin . Cholesterin 0.61%
  - Inorganic (0.8%): KCl, NaCl, MaCl$_2$, $CaHPO_4$, $Mg_3(PO_4)_2$ 0.80%

Fe (see Hæmatin).

100.00%

The other named constituents are common to the two kinds of corpuscles. The mineral components are principally the chlorides of potassium and sodium and the phosphates of calcium and magnesium,

the phosphates being in greater proportion. Water forms 90 per cent. of the corpuscular contents. It will be remembered that the sodium salts assume greater proportions in the plasma. The nucleo-proteid obtained from the white corpuscles is the precursor of the fibrin-ferment of coagulation. It is believed that the proteid is converted into fibrin-ferment through the activity of the calcium salts of the plasma.

Hæmoglobin.—This is the pigment matter of the red corpuscles. Hæmoglobin is a proteid composed of globin, a histon, and hæmatin. Its principal characteristics are: (1) its ability to combine chemically with oxygen and other gases, (2) its spectroscopic phenomena, (3) its crystallization, and (4) the fact of its containing iron.

It is by virtue of the presence of this hæmoglobin that the red corpuscles are capable of performing the function of oxygen-carrying —carrying it from the *external* respiration in the lungs to the *internal* respiration in the cells of the tissues. The hæmoglobin molecule possesses the property of linking to itself an oxygen molecule, forming a compound known as *oxyhæmoglobin.* The union of the two molecules is so unstable that the presence of an easily oxidized body, or an atmosphere with a lower oxygen pressure, separates the two, the oxidizable body and the atmosphere taking up the oxygen. Oxyhæmoglobin minus oxygen is usually termed *reduced hæmoglobin;* better, however, simply hæmoglobin. Oxyhæmoglobin is most abundant in arterial blood; that is, blood that has received its oxygen from the lungs during respiration and is then on its way to supply the needs of the cells of the tissues. Oxyhæmoglobin behaves as an acid. Ordinary venous blood upon exposure to the air for a considerable length of time becomes bright red because of the union of the oxygen of the air with the hæmoglobin of the blood.

Crystallization of Hæmoglobin.—The hæmoglobin is contained within the stroma of the corpuscles. In form, the crystals of the blood of man and the great majority of animals is that of rhombic prisms or needles which belong to the rhombic system; in the squirrel there is produced six-sided plates.

Hæmoglobin crystals are readily broken up by the addition of an acid or alkali into two parts: *hæmatin* and *globin. Hæmatin* is a brown pigment, representing the cleavage product of hæmoglobin in the presence of oxygen. It contains all of the iron of the decomposed crystals, and is not crystallizable. In addition to the iron, it contains the four chief elements of proteid bodies: Carbon, hydrogen, oxygen, and nitrogen. *Globin* is the proteid element of the hæmo-

globin. It contains all of the sulphur, and constitutes the major proportion of the hæmoglobin molecule, which is 16,000 times heavier than a molecule of hydrogen.

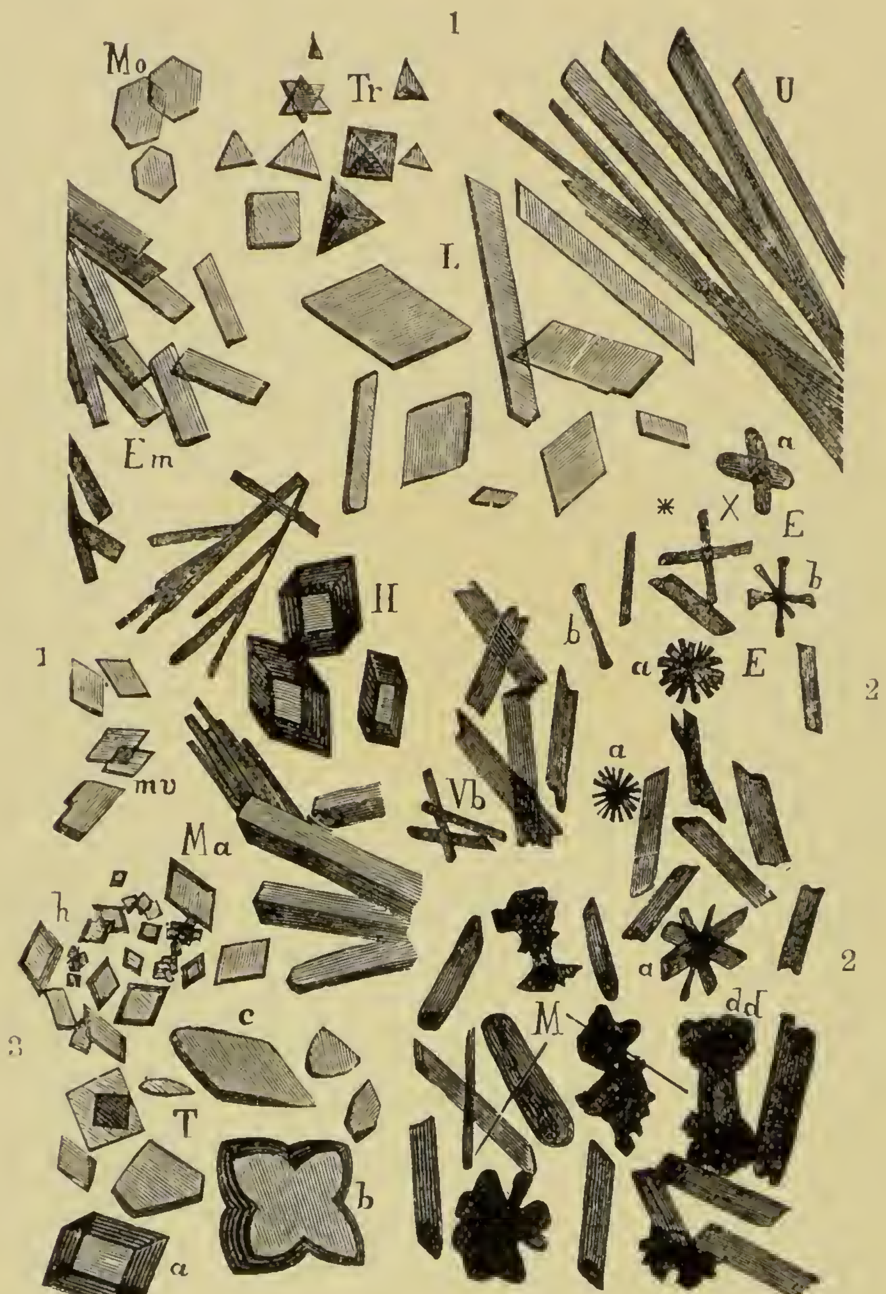


Fig. 21.—Blood-crystals of Man and Different Animals. (THANHOFFER and FREY.)

1, Hæmoglobin crystals: *Mo*, squirrel; *Tr*, guinea-pig; *M*, groundmole; *L*, horse; *Em*, man; *H*, marmot; *Ma*, cat; *T*, cow; *mv*, from venous blood of a cat. 2, Hæmatin crystals: *E*, man; *Vb*, sparrow; *M*, cat. 3, Hæmatoïdin crystals from an old extravasation of blood in man.

Hæmin.—Hæmin is the decomposition-product that results from the action of hydrochloric acid upon hæmatin. The hæmin crystals

are small rhombic plates and prisms. The finding of these crystals of Teichmann constitutes the best-known clinical test for the detection of blood. The crystals are prepared by adding a small crystal of common salt to dry blood on a glass slide, and then an excess of glacial acetic acid. The preparation is then gently heated until bubbles of gas are given off. Upon cooling, the characteristic hæmin crystals are formed. By transmitted light the crystals appear as mahogany-brown, but by reflected light they are bluish black.

Chemical Properties.—Hæmin crystals are insoluble in water, alcohol, ether, and chloroform. Very strong sulphuric acid is capable of dissolving them. Should the solution be evaporated to dryness and the residue properly treated, there will be produced a brown, amorphous powder. This product is known as *hæmatoporphyrin.*

Fig. 22.—Teichmann's Hæmin-crystals. (Lahousse.)

Hæmatoporphyrin is iron-free hæmatin. It is frequently found in pathological urines, while traces of it are to be found in normal urine.

It is identical with bilirubin in composition.

Methæmoglobin. — Methæmoglobin is prepared chemically by adding amyl nitrite to blood. In large doses amyl nitrite is poisonous by reason of arrest of tissue-respiration.

With carbon-monoxide gas (CO) hæmoglobin forms a compound similar to oxyhæmoglobin, but known as *carbon-monoxide hæmoglobin.* This union is much more stable than the preceding, so that when carbon-monoxide gas is breathed in excess death results from asphyxia, since the tissues are prevented from receiving their proper supply of oxygen.

Carbon-monoxide results from the incomplete combustion of carbon in coal and charcoal stoves. Its poisonous properties are caused by its combining so strongly with the hæmoglobin of the cor-

puscles that it prevents union with oxygen, and so produces asphyxia. The blood of both veins and arteries is bright, cherry-red in color. In poisoning from this gas, artificial respiration is sometimes of avail, with saline transfusion.

For a better understanding of the import of the absorption bands of the coloring matters in the blood, a brief description will be given of the instrument whereby they are studied.

THE SPECTROSCOPE.

When *white* light, or that which reaches us from the sun, passes from one medium into another more dense, it is decomposed into several kinds of light, a phenomenon to which the name *dispersion* is given. Thus, when a pencil of the sun's rays is passed through a prism of flint glass, it is broken up into the seven colors of the spectrum. This band of colors may be seen naturally in the form of the rainbow. These colors are violet, indigo, blue, green, yellow, orange, and red.

The colors of the solar spectrum are not continuous. Several grades of refrangibility of rays are wanting, and, in consequence, throughout the whole extent of the spectrum there is a great number of very narrow, dark lines which run at right angles to the longitudinal axis of this band of light. They are generally known as Fraunhofer's lines, since the most marked ones were first mapped and indicated by him. They are designated by the letters *A*, *B*, and *C*, in the red; *D*, in the yellow; *E*, *b*, and *F*, in the green; *G* and *H*, in the violet.

If the light produced from burning common salt (sodium chloride) be decomposed by means of a prism, it will be found to give one broad yellow line. Artificial light will not give Fraunhofer's lines. The *D* line in the solar spectrum is due to the volatilizing of the metal sodium in the sun. Other elements account for the remaining dark lines of the spectrum.

The spectroscope is combined with the microscope when making a medico-legal analysis of a small amount of coloring matter resembling blood. The microspectroscope used is generally the Sorby-Browning instrument.

As will be seen from the figure opposite, it is a very compact piece of apparatus, very ingenious in construction, and consisting of several parts. The prism is contained in a small tube, which can be removed at pleasure. Below the prism is an achromatic eyepiece, having an adjustable slit between the two lenses, the upper lens

being furnished with a screw motion to focus the slit. A side slit, capable of adjustment, admits, when required, a second beam of light from any object whose spectrum it is desired to compare with that of the object placed on the stage of the microscope. This second beam of light strikes against a very small prism suitably placed inside the apparatus, and is reflected up through the compound prism, forming a spectrum in the same field with that obtained from the object on the stage.

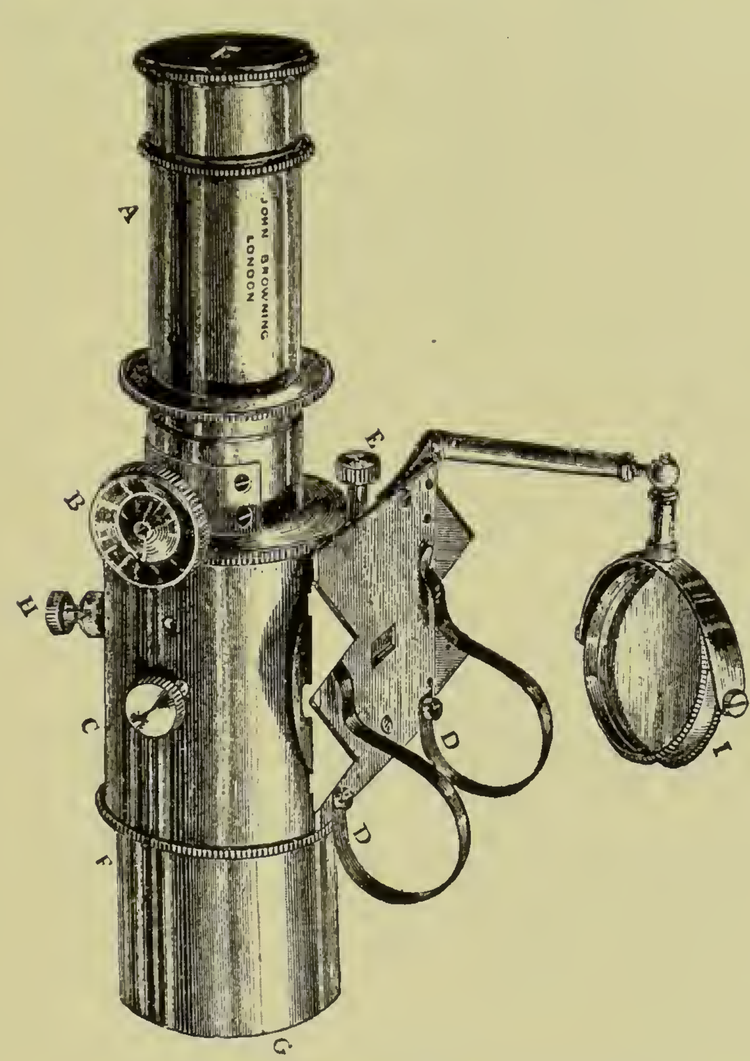


Fig. 23.—Sorby-Browning Microspectroscope.

A is a brass tube carrying the compound direct-vision prism, and has a sliding arrangement for roughly focusing. *B*, a milled head, with screw motion to adjust finally the focus of the achromatic eye-lens. *C*, milled head, with screw motion to open and shut slit vertically. Another screw, *H*, at right angles to *C*, regulates the slit horizontally. This screw has a larger head, and when once recognized cannot be mistaken for the other. *D, D*, an apparatus for holding

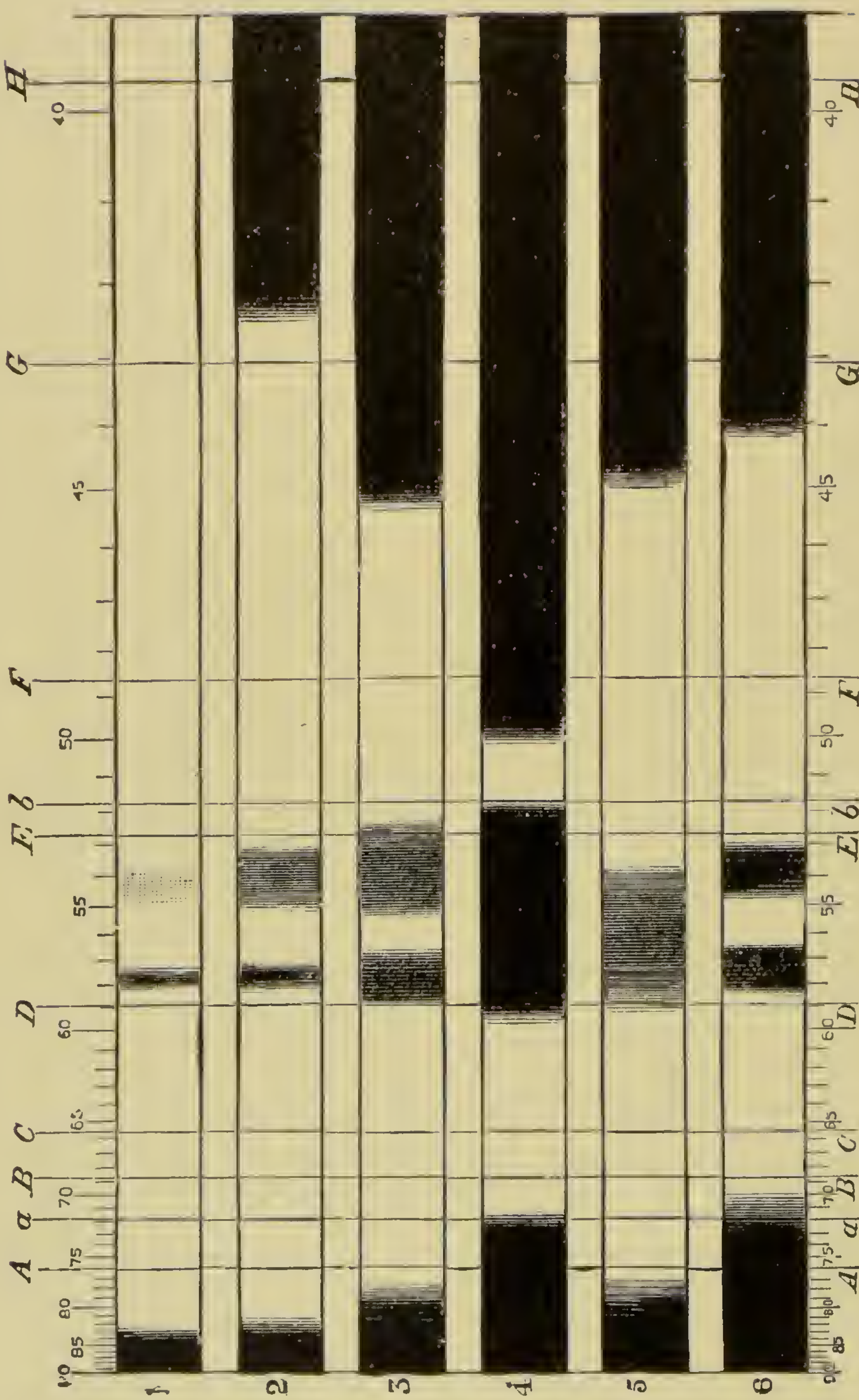


Fig. 24.—Spectra of Oxyhæmoglobin, Reduced Hæmoglobin, and CO Hæmoglobin. (Gamgee.)

1, 2, 3, 4, Oxyhæmoglobin, increasing in strength. 5, Reduced hæmoglobin. 6, CO hæmoglobin.

a small tube, that the spectrum given by its contents may be compared with that from any other object on the stage. *E*, a screw opening and shutting a slit to admit the quantity of light required to form the second spectrum. Light entering the aperture near *E* strikes against the right-angled prism which I have mentioned as being placed inside the apparatus and is reflected up through the slit belonging to the compound prism. If any incandescent object is placed in a suitable position with reference to the aperture its spectrum will be obtained and will be seen on looking through it. *F* shows the position of the field-lens of the eyepiece. *G* is a tube made to fit the microscope to which the instrument is applied. To use this instrument insert *G* like an eyepiece in the microscope tube, taking care that the slit at the top of the eyepiece is in the same direction as the slit below the prism. Screw on to the microscope the object-glass required and place the object whose spectrum is to be viewed on the stage. Illuminate with stage mirror if transparent. Remove *A* and open the slit by means of the milled head *H* at right angles to *D*, *D*. When the slit is sufficiently open the rest of the apparatus acts like an ordinary eyepiece, and any object can be focused in the usual way. Having focused the object, replace *A* and gradually close the slit till a good spectrum is obtained. The spectrum will be much improved by throwing the object a little out of focus. Every part of the spectrum differs a little from adjacent parts in refrangibility, and delicate bands or lines can only be brought out by accurately focusing their own parts of the spectrum. This can be done by the milled head *B*. When spectra of very small objects are viewed, powers of $^1/_2$ inch to $^1/_{20}$ may be employed.

These bands represent the light absorbed by the colored medium. For the same substance the bands are always identical and similarly placed. Thus, a solution of oxyhæmoglobin of a certain strength gives *two bands*, reduced hæmoglobin gives only *one*. The other derivatives, methæmoglobin, hæmatin, hæmin, etc., though similar to hæmoglobin when viewed with the naked eye, yet each gives characteristic absorption bands in various positions.

The *amount* of hæmoglobin as calculated by various methods and instruments has been found to be in man, 13.77 per cent.; in woman, 12.59 per cent. Pregnancy reduces the quantity to from 9 to 12 per cent. Normally there are two periods in a person's life when the amount of hæmoglobin attains maximum limits—in the blood of the newborn and again between the years twenty-one and forty-five. Pathologically there follows a decrease during recovery from febrile

conditions, as also during phthisis, cancer, cardiac disease, chlorosis, anæmia, etc.

It is known that dry hæmoglobin contains 0.4 per cent. of iron, and that all of the iron of the blood is held by the hæmoglobin of the red corpuscles. The amount of iron in the blood is about 45 grains.

Colorimetric methods consist in making comparisons between a standard solution of a known strength and the test solution of blood to be examined, water being added to the latter until the exact shade of the standard solution is obtained.

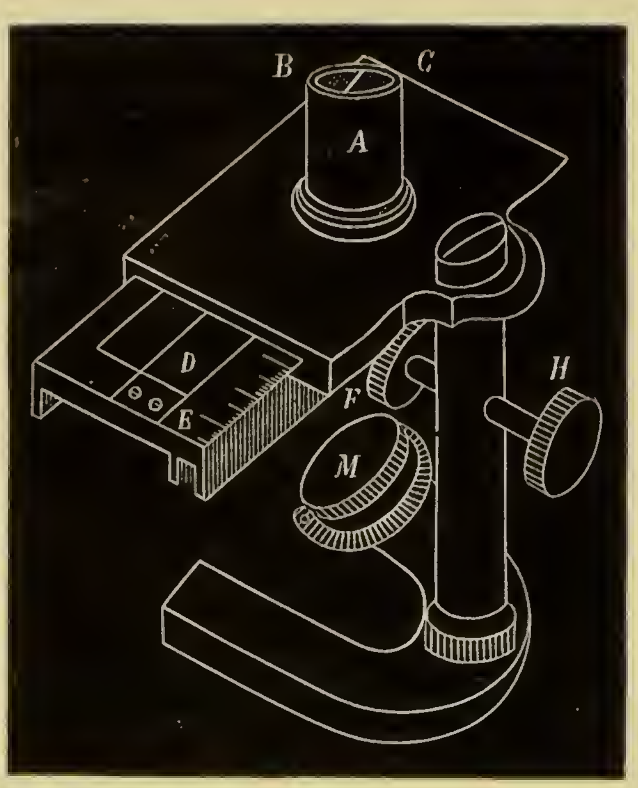


Fig. 25.—Von Fleischl Hæmometer. (LAHOUSSE.)

A, Mixing vessel with two compartments: *B*, for diluted blood; *C*, for pure water, reposes over the colored prism of glass, *D*. *E*, Scale to read off amount of hæmoglobin. *M*, A mirror to reflect light. *H*, Milled wheel that moves *D*.

Von Fleischl's Hæmometer.—This instrument consists of *A*, a cylindrical cell for holding the prepared blood; *D*, a graduated wedge-shaped piece of colored glass with which to compare the solution of blood; *H*, a stand with a rack and pinion; *4*, a capillary tube for measuring the quantity of blood required.

1. The cell *(A)* is a cylindrical metallic chamber divided by a fixed partition into two equal compartments, open at the top, but closed at the bottom by a base of glass. One of these compartments is to be filled with distilled water, the other with the proper quantity of blood dissolved in distilled water.

2. The colored glass wedge *(D)* is fitted to a metal frame so that it can be adjusted in the stand and moved from side to side by the rack and pinion. When in position the glass wedge moves directly beneath that part of the cell which contains the distilled water, thus enabling one to compare the color of the glass with that of the dissolved blood which fills the adjoining compartment of the cell. The wedge is graduated at *E* from 1 to 100, the figures representing the percentage of hæmoglobin in the specimen of blood as compared to normal blood containing 13.7 per cent. of hæmoglobin.

3. Besides the support for the glass wedge and frame, there is a white plaster mirror *(M)* which furnishes the diffused light required in the test.

4. The capillary tubes are carefully prepared to hold the proper quantity of blood. The size of these tubes varies, and on the handle of each is stamped a number indicating its capacity.

PHYSICAL PROPERTIES OF THE PLASMA.

Plasma is the fluid part of the blood as it occurs in a healthy condition within the circulatory system. However, upon its removal from the body there is formed in it a solid substance, called fibrin, from elements which it previously held in solution. The fluid which surrounds the clot is termed *serum;* it is plasma minus fibrin. Plasma is described as a clear, somewhat viscid fluid; that of man, when strata are examined, is colorless; when in bulk it is slightly yellow because of the presence of a pigment.

CHEMICAL PROPERTIES OF PLASMA AND SERUM.

In order to examine plasma, a very great amount of caution is necessary to prevent its coagulation, even after separating the corpuscles. The most common methods for obtaining it in a liquid state are by the use of the "living test-tube"—an excised piece of jugular of a horse filled with blood—and cold as an environment. It has been found that serum differs from plasma only in respect to certain proteids, and, as it is so much easier to handle the serum, the latter is principally used for experimentation.

Chemically the plasma is composed of *inorganic* and *organic substances,* with *certain gases.*

Inorganic Constituents.—The plasma's greatest factor is water. It is this which gives it fluidity and is present to the extent of 90 per cent. There are present many salts: sodium chloride, carbonate of soda, chloride of potassium, sulphate of potassium, phosphate of

calcium, phosphate of sodium, and phosphate of magnesium. The first two occur in the greatest amounts, the remaining ones only as traces. It is carbonate of soda that gives to plasma its ability to absorb carbonic acid and also contributes much to its alkalinity.

Organic Constituents.—These components are readily divisible into *proteid* and *nonproteid* groups.

THE PROTEIDS are:—

1. One albumin (serum-albumin).
2. Two globulins, termed serum-globulin and fibrinogen.
3. A nucleo-proteid.

The classes of proteids present *various solubilities in neutral salt solutions*, by appreciation of which they are able to be separated from one another.

The *albumins* upon half-saturation with ammonium sulphate remain in solution, while the globulins and nucleo-proteids are precipitated. The precipitate is removed by filtration, or the albumins may themselves be precipitated by saturation with ammonium sulphate.

The *globulins* almost universally possess the characteristic of coagulating when heat of 75° C. is applied to them. In man the globulins make up about 3 per cent. of the total serum.

Fibrinogen is also a globulin. It is precipitated by half-saturation with NaCl, thus making its differentiation from serum-globulin a comparatively easy task. Upon precipitating with NaCl, if a lime salt be added, the precipitate partakes of the nature of a fibrin-clot or coagulum, but is not true fibrin, since it is a combination of fibrinogen with lime.

Nucleo-proteid of Plasma.—About the only characteristic that is known in connection with the nucleo-proteid is that it is very essential to the formation of fibrin during coagulation. It is formed by the dissolution of the leucocytes and blood-plates after the blood is shed from the body. When hydrocele, pericardial, and ascitic fluids contain no leucocytes, it has been noticed that they lack power of spontaneous coagulation. The nucleo-proteids in the presence of calcium salts form a substance which is identical in every respect with the *fibrin-ferment* of Alexander Schmidt. This new substance possesses the power of converting fibrinogen into fibrin.

THE NONPROTEIDS OF THE PLASMA.—The nonproteids comprise both *nitrogenous* and *nonnitrogenous* elements.

The *nonnitrogenous* consist of carbohydrates and fats, with small amounts of lipochrome and sarco-lactic acid.

The *nitrogenous* elements comprise in their category urea, uric acid, hippuric acid, creatin, and some ferments.

Urea, which represents the end-product of nitrogenous combustion of either the tissues or the blood itself, and which must be included among the normal elements of this fluid, is found in the blood in weak proportion. But it can accumulate in an abnormal manner within the blood and give rise to the disorder known as uræmia. It is in this way that ablation of the kidneys, acute nephritis, and the terminal feverish period of cholera, in which the urinary secretion is suppressed, permit the accumulation of urea in the blood.

Uric acid, which is regarded as the product of a work of combustion less advanced than for urea, doubtless owes its existence to an incomplete oxidation of the true, immediate principles of the blood. It may occur in greater proportion than usual in combination with soda, with the urea, in the blood of gouty persons, and in that of albuminuric persons.

Gases of the Plasma.—Present knowledge affirms the presence of oxygen, nitrogen, and carbonic anhydride. The first two are simply dissolved in the plasma, but the carbonic anhydride occurs in from 43 to 57 volumes and then combines chemically with soda to form carbonates and bicarbonates.

COAGULATION OF THE BLOOD.

Normal blood contained within the body-vessels is a fluid. For a very brief period after it makes its exit from a wounded vessel it remains in a liquid state, but within two or three minutes its viscidity increases until there is formed a solid of the consistency of jelly; to this has been given the name *blood-clot.* The process whereby the clot is formed is termed *coagulation,* and is caused by the presence of a body called *fibrin.*

To observe best the process of coagulation, the blood is drawn into an open vessel as a beaker, care being taken that the atmospheric and other conditions are favorable. The initial change to occur within the first two or three minutes is the formation of a jellylike layer over the surface of the blood; during the next three or four minutes this layer extends to such a degree that the entire blood-mass becomes enveloped. If at this time the contents of the vessel be turned out, they form a mold of the exact shape of the containing vessel, or the vessel may be inverted without the escape of the contents. This jellylike mass is the clot. Within it are imprisoned the serum and corpuscles.

A straw-colored fluid, the *serum,* is expressed, appearing upon the surface to form finally a transparent layer of liquid around the clot. The retraction is complete at the end of from twelve to twenty hours, at which time all of the serum has been expressed and the corpuscles enmeshed within the network of fibrin. The clot, so dense that it may readily be cut with a knife, being heavier than the serum, is found at the bottom of the vessel. It is now just about one-half of its original size. The serum, when examined, is found to be practically free from corpuscles. The character of the clot varies according to the state of the blood. It is large, soft, and tears easily at times. At other times it is small, resistant, and from the energetic contraction of the fibrin the edges of the upper surface of the clot curve over so as to form a sort of cup.

The clotting of the blood is due to the development in it of *fibrin*, whose fibrils arrange themselves in the form of a network.

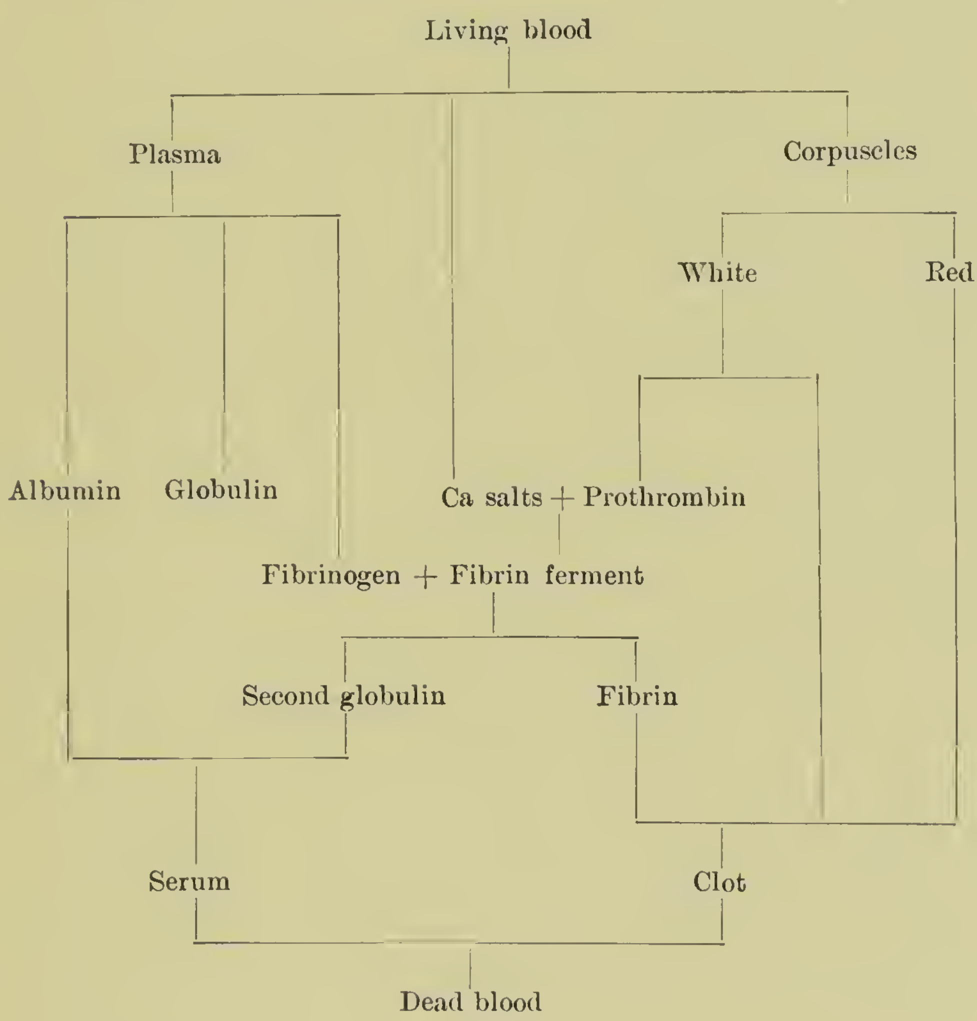
In blood within its vessels there are found no such fibrils of fibrin; therefore normally no coagulation occurs within the body. These fibrils then must have been formed by some change, chemical or otherwise, of one or more constituents of the blood. That the corpuscles themselves cannot form a clot excludes them, so that our attention is turned to the plasma. In it is formed the fibrin, for pure plasma from which the corpuscles have been removed very readily coagulates. When blood is vigorously beaten with twigs, long shreds of a nearly transparent substance are found adhering to them. These are fibrin-fibers, free, or nearly so, from corpuscles. Its structure consists of very delicate, doubly-refractive fibrils of microscopical size.

Many theories have been propounded to account for the formation of fibrin and the coagulation of the blood, but the one most widely received is that of Hammersten, a Swedish investigator.

In the study of plasma it was learned that one of its constituents was a proteid of the globulin class, to which had been given the name fibrinogen. It is held in solution by the plasma and believed to be an end-product of the disintegration of useless white corpuscles. Within the circulating fluid there is an immense number of these white cells; when blood is withdrawn from the living vessel there is a large and very sudden destruction of them; according to Alexander Schmidt, 71.7 per cent. are dissolved. When these little bodies are disintegrated in the laboratory they yield nucleoproteids; so that it is very probable that practically the same products result upon disintegration in the shed blood. To this nucleo-

protcid has been given the name *prothrombin*. By the action of the *calcium salts* dissolved in the blood-plasma the prothrombin is converted into *fibrin-ferment*, or *thrombin*. When thrombin comes into contact with the fibrinogen molecule dissolved in the plasma it splits it into two parts: one is a *globulin*, which is very small in proportion and equally unimportant; it remains in solution. The other is the insoluble substance *fibrin*, which entangles the corpuscles and is so essential to the formation of the blood-clot.

The process of fibrin-formation has been neatly tabulated by Dr. J. J. R. Macleod,[1] as follows:—



To epitomize, it may be said that coagulation depends upon *three factors*, according to Hammersten's theory: (1) *calcium salts* to convert the nucleo-proteids in the form of prothrombin into *thrombin*,

[1] "Practical Physiology."

or (2) *fibrin-ferment;* this latter breaks up the (3) *fibrinogen* in solution into an unimportant globulin and the all-important fibrin.

Fibrin-ferment is a term used simply for convenience and probably is a misnomer. It is a proteid of the globulin group whose substance does not seem to be used up in the process nor to enter into the fibrin formed; a small quantity of it serves to break up an immense amount of fibrinogen.

In the peculiar hereditary disease of males only, known as hæmophilia, it sometimes happens that diminished coagulability is due to a deficiency of the calcium salts. Consequently the tendency to bleed may in some cases be lessened by the internal administration of calcium chloride, or the actual hæmorrhage may be stopped upon its local application or of adrenalin.

A condition known as *buffy coat* occurs when blood coagulates *very slowly.* It is most readily seen in horses' blood, being caused by the more rapid sinking of the red corpuscles in slow coagulation, thus leaving the upper stratum to consist of a layer of fibrin and white corpuscles. This whitish layer is elastic, has some resistance, is more or less opaque, and has therefore been designated the buffy coat.

The *shape of the vessel* is also a factor in the production of "buffy coat." If the vessel be long and straight, the fall of the corpuscles is facilitated. The buffy coat then appears. No buffiness, however, is seen if the vessel be large and low, and if the blood be received in a vessel which is *shaken* from time to time. The blood of different parts of the vascular system shows differences as to the time required for complete coagulation. Arterial blood coagulates more quickly than venous; blood of the hepatic veins coagulates very little, and the same is true of menstrual blood—probably due in the latter to mixture with the alkaline vaginal secretions, for, when menstruation is so abundant that this alkalinity is overcome, then clotting may ensue.

Certain conditions favor the rapidity of coagulation. Clotting is accelerated by these factors: 1. Calcium salts. 2. A temperature a little higher than that of the body (102° to 107° F.). 3. Presence of foreign bodies. If a needle be made to penetrate the wall of a vessel, fibrin is deposited upon it and so produces coagulation. It seems to be a sort of phenomenon analogous to that which occurs when a thread is suspended in a solution of sugar, when the crystals of sugar are deposited upon it. Injections of laky blood, biliary salts, fibrin-ferment, and rapid venous injection of a strong alkaline solution of a nucleo-proteid also hasten coagulation. 4. Injury to the

vessel-walls. 5. Agitation, probably because there is then a more free mixture with oxygen. Gelatin increases the coagulating power of blood, and has been used in hæmophilia.

Coagulation is retarded by: 1. Oxalates, which combine with calcium. 2. A very low temperature. 3. The saturation of blood with CO_2 (thus in asphyxia the blood does not coagulate). 4. Blood received into a vessel filled with *oil* does not coagulate. 5. Coagulation is prevented when the blood is in contact with normal, living, vascular walls. The addition of certain articles retards coagulation; thus, feeble doses of alkalies, carbonate of sodium and potassium, sugar, water, albumin, injection of peptone, and leech extract. In the disease known as hæmophilia, as well as in lightning strokes, the blood does not coagulate.

Why Blood does not Normally Coagulate within the Blood-vessels.—Much time and experiment have been given to ascertaining the cause for noncoagulation within living walls, but withal the question is yet unsettled. By some it is thought that the destruction of the white corpuscles is not extensive enough to furnish the proper supply of nucleo-proteid, from which fibrin-ferment is manufactured. According to Schmidt, the blood within the living vessels is constantly being acted upon by two opposing influences: one with a tendency to promote coagulation, the other to oppose it. In health the former never gains the ascendency. But perhaps the real secret depends upon the intima being alive and intact.

Hæmorrhage and its Effects.—It is common knowledge that a very abundant loss of blood causes death. The blood has for its functions to insure the physical conditions of the life of the cells as well as to maintain an excitability of the nerve-cells which govern respiration and circulation. Every considerable loss of blood disorders cell-life in the organism, tending to cause death. Necrosis very soon manifests itself when a member has by some procedure been deprived of its normal supply of blood. When the loss of blood has been from the whole system, and not confined to any member, a general death precedes the local death of the cells, because, the oxygen not going to the cardiac and respiratory centers, the functions of the heart and lungs are arrested. The principal symptoms of great loss of this vital fluid are general paleness and lower temperature of the cutaneous surface, oppression, breathlessness, stoppage of the secretions, with finally general convulsions of anæmia.

The *quantity* of blood which can be lost without causing death varies according to age, sex, temperature, etc. The loss of some

cubic centimeters in the newborn, of a half-pound in an infant of one year, or of half the mass of blood in an adult, is capable of causing death. Women bear the loss of blood much better than men do because of the periodical hæmorrhages to which they are subject.

The renewal of the blood appears to be accomplished rapidly, although the *time* of withdrawal plays an important rôle in determining whether there will be attending fatality. If the loss has not been too severe, the fluid part of the blood and its dissolved salts is replenished by withdrawal from the lymph and plasma of the tissues. Later the albumin is restored, but a much longer period is required for replenishment of the corpuscles. The amount of hæmoglobin is diminished in proportion to the amount of bleeding.

Shock very materially affects the results of hæmorrhage. When the sensibilities are deadened temporarily by anæsthetics, less serious results follow the loss of a given quantity of blood than do those when the same quantity escapes through accident.

Transfusion.—This is a process by which blood is conveyed from one animal to the vascular system of another. It was shortly after Harvey's discovery of the circulation of the blood that this operation was first practiced by Denis, of Paris. He transfused the blood of a lamb into that of a man with success. It was believed that a great panacea had been discovered whereby not only blood lost by hæmorrhage could be replaced, but a cure effected for many diseases and infirmities. Subsequent attempts proved such miserable failures that the operation was abandoned and even proscribed by law. More than a century later it was revived, but only after much experimentation upon the lower animals.

The serum of certain animals possesses the property of dissolving the red corpuscles of another species of animals. The serum of a dog destroys the red corpuscles of man; the hæmoglobin is dissolved out. The serum, besides its action on the red corpuscles, is also active against the white corpuscles of the same animal, stopping their amœboid movements. The globulicidal action of the serum is related to its poisonous action on microbes. The normal serum of certain animals kills microbes, as the serum of the dog kills the typhoid bacilli. The power to kill red corpuscles and microbes is due to the presence in the serum of a substance, an alexin. In transfusion this plays an important part.

The knowledge gained thereby was to the effect that, for the operation to be at all successfully performed, blood of the *same species* of *animal* should be used as the one on which it is performed.

It was only after the establishment of this rule that it appeared possible to determine the value of transfusion and to make application of it, with some degree of safety, to man.

In practice there are two kinds of transfusion: (1) blood with fibrin; (2) blood without fibrin. In using fibrinated blood the stream is passed directly from the blood-vessel, either artery or vein, into that of the patient. Usually the peripheral end of a vein of the person furnishing the blood is united with the central end of a vein of the patient. The tubing should have been previously filled with a normal salt solution so as to exclude the entrance of air into the circulation, for, if sufficient quantity of it be introduced, it will be carried to the right side of the heart, where, by virtue of the heart's action, a froth will be generated, the bubbles from which, being pumped into the pulmonary arteries, arrest pulmonary circulation and cause death. The danger of coagulation also is, however, very great.

In using defibrinated blood the shed blood is first whipped in an open vessel with a glass rod so as to separate the fibrin; it is then filtered, heated to the temperature of the body, and injected very slowly into a vein (usually the median basilic) in the direction of the heart. Besides giving a tendency toward intravascular coagulation, there is also danger of introduction of bacteria, whose entrance into the injected blood occurs with the beating in the process of defibrination.

It has been learned that the most serious symptoms of rapid hæmorrhage follow the *sudden* diminution in the amount of blood in circulation, accompanied with a moderate *fall of blood-pressure.* From these data we conclude that the proper measures to take are to replenish the *amount* of *fluid* regardless of the corpuscles or the soluble nutrient elements of the plasma. A precaution to be taken is that the fluid should be of such a density and nature that no disturbance in the vascular system be generated.

This knowledge has led to the manufacture of various artificial solutions for infusion, the one most used being a warm, sterilized, normal salt solution ($NaCl$, 0.95 per cent.); this is injected either subcutaneously or into any exposed vein.

Transfusion is called for after *copious hæmorrhage* (acute anæmia), or in such cases of *poisoning* when the blood-corpuscles are no longer capable of supplying the tissues with their required supply of oxygen. This condition is particularly prominent in carbon-monoxide (CO) poisoning.

Plethora.—The old physicians admitted that there were in certain individuals of sanguine temperament an exaggerated richness of the mass of blood as a consequence of too active nutrition. However, it is impossible to verify in an experimental manner if the mass of blood be augmented. Yet plethora is usually accompanied with a swelling of the veins and arteries; an injection of mucous membrane; a full, hard pulse; congestive vertigo, and dyspnœa from pulmonary congestion. Many physicians believe that there is no such condition as too much blood in the body, unless it be introduced experimentally by transfusion. The above symptoms are explained by reason of an increased peripheral circulation at the expense of the more central one. Nevertheless, the above-named symptoms disappear by blood-letting, which would seem to admit the existence of plethora to a certain extent.

An experimental plethora may be induced in dogs by transfusion; so that the blood may be increased from 80 to 100 per cent. without provoking any trouble. The injected plasma is soon gotten rid of, but the surplus corpuscles remain for a long time. There is also believed to be an increase in the number of red corpuscles in those persons in whom for any reason there should be a suppression of periodically recurring hæmorrhages, as in menstruation and bleeding from the nose.

Plethora of water, or *hydræmia,* follows the excessive ingestion of water. The condition is but temporary, however, as an increased diuresis rapidly eliminates the excess of water.

There is a physiological excess of red corpuscles in the blood of man and animals who live in high altitudes.

MEDICO-LEGAL TESTS OF THE BLOOD.

To determine that a substance under examination and inspection is blood several tests are employed:—

First.—Teichmann's crystals, or hæmin crystals, are a product of decomposition of the coloring matter of the blood. They may be prepared by the addition of glacial acetic acid and sodium chloride to the blood. A few granules of dried blood are pulverized on a glass slide with a few granules of salt; having covered it with a glass circle, a drop of the acid is allowed to flow under, when the slide is heated. If the examined substance be blood, the characteristic crystals appear.

Second.—The Guaiacum Test.—On treating a solution of the coloring matter of the blood with a fresh alcoholic tincture of guaia-

cum and an ethereal solution of hydrogen peroxide, a deep-blue coloration is produced, due to oxidation of the guaiacum resin.

Third.—The Spectroscope Test, in which characteristic bands appear.

Fourth.—Careful measurements of the blood-corpuscles, their diameter, etc., by means of the microscope and photomicrographs.

Fifth.—Uhlenhuth Test.[1]—Strong rabbits are injected subcutaneously with 5 cubic centimeters of sterile human blood, the injections being repeated every two or five days, depending upon the condition of the test animal. The occurrence of a rise of temperature above 101° F. or a decided loss in weight are considered counter-indications to further injections until after this reaction has subsided. It is better to give injections of only 5 cubic centimeters each and always with great care as to asepsis, since abscesses often develop at or near the site of puncture. Usually 20 to 30 cubic centimeters make a sufficient quantity for the average-sized rabbit, and with due care a specific anti-serum can always be produced in from three to four weeks. After a sufficient quantity of blood has been injected to insure obtaining an anti-serum, the rabbit is chloroformed, the chest-cavity opened, and the blood drawn from the heart into a sterile receptacle by means of a sterile trocar and cannula. The drawn blood is placed in an icebox for one hour until well coagulated. Carbolic acid is now added to the serum, which has separated, sufficiently to make the mixture approximately 0.5 per cent. acid. The serum is then drawn up into sterile pipettes and sealed. It will remain potent indefinitely if kept at a low temperature.

The test is made as follows: A given amount of the test-serum is diluted to the desired extent with sterile water or normal saline solution. To a few cubic centimeters of this diluted solution in a sterile test-tube is added an equal quantity of a similarly diluted solution of the blood to be tested and the tube left at room temperature or placed in an incubator for two or three hours at 37° C. The reaction, if it occurs, will be more rapid and marked if the tube is exposed to the higher temperature. If the dilution be sufficient the reaction will not occur at room temperature. If the test-serum is used undiluted and pure human blood is added to it, the reaction is immediate.

If only the sample of blood to be tested is diluted and the test-serum is used pure, the reaction is almost immediate. The reaction is marked by a turbidity of the solution, becoming constantly more

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[1] Layton, American Medicine, 1903.

intense. If an old stain is to be examined by the serum test the material containing it is washed in sterile water or in sterile normal saline, the mixture repeatedly filtered and finally added to some of the test-serum, as in the examination of fresh blood already described.

Contamination with monkey blood can be excluded first by a great dilution of the blood tested, and a dilution of the test-serum of 1 to 500, with incubation; second, by a great dilution of the blood tested, the test-serum being used pure and the test made at room temperature.

CHAPTER VI.

THE CIRCULATION.

In animals above the very lowest grades, as also in plants, there exists a particular liquid (nutritive fluid, blood, sap), which is agitated into a circular or simply oscillating movement. By reason of this movement it is permitted to reconstitute itself unceasingly, to distribute the materials of nutrition to the different parts of the organism, and at the same time carry away some effete products.

In the lowest orders of animal life, as the amœbæ and infusoria, where no special organs are manifest and no part therefore has needs differing from any other, there is found no circulatory system—no heart or propelling body or any blood-vessels. Its life depends upon diffusion throughout its parenchyma of substances brought from without and of those which must be excreted. It is only as special organs show themselves and the liquids take determined directions toward one or another of them, that blood-vessels are seen to commence; these at the same time become the receptacles of products absorbed for the purposes of nutrition and the distributors of these same materials to the various tissues of the organism.

It is, therefore, from complex organisms that the idea of a perfect *circulation* is gained, with its admirable mechanism for incessant movement whereby the fluid necessary for its growth, functions, and individual life is forced to every part. Viewed as a whole, the vascular system of the higher animals forms a system of branching vessels or canals, closed in all parts, and not showing at any point in their course the least perceptible orifice of communication with the external world. Consequently, the fluids which have to penetrate into the closed channels of circulation, as well as those which have to emerge from them for the needs of secretion and nutrition, only do so by passage through the vascular walls; that is, through the finest filters imaginable.

At a variable point in this tubular apparatus there exists an organ of propulsion, the *heart,* which is seconded in its work by auxiliary means and forces which aim to give a determined and constant direction to the movement of the circulatory fluid.

In the study of comparative anatomy it is found that certain lower organisms are absolutely without any semblance of blood-vessels, yet they absorb through the periphery of their bodies the gases as well as the liquids of the fluids in which they are plunged, and, in fact, are nourished and continue to live. It is only as animals with special organs appear in the scale of animal life that there is developed a system of canals, more or less complete, which are intended to contain the nourishing fluid. And where there is a circulatory system there is present some means, composed—in the great majority of cases—of muscle, for the impulsion of the circulatory fluid to every part of the organism. Whenever, in animal organisms, there is transformation of energy into motion or mechanical work, it may nearly always be attributed to muscle. So that in the higher forms of animals there exist one or more rhythmically contractile organs—for the most part, muscular in nature—to which is attributed the task of maintaining a definite circulation.

Comparative.—Among insects and the lower orders of crustacea the heart, if such it may be called, is simply the contractile dorsal blood-vessel; among the higher crustacea, as the lobster, there exists dorsally a well-defined, muscular sac. Among the invertebrates in general the blood passes from the arteries into irregular spaces, known as lacunæ, which are situated in the tissues and from which it finds its way back into the veins to terminate in the heart for the completion of its cycle. That interesting creature, the amphioxus, the lowest of the vertebrates, possesses a primitive lacunar vascular system. Its contractile dorsal vessel serves as its systemic heart; a ventral vessel serves as a respiratory heart, vessels proceeding from it to the gills. Fishes contain but a respiratory heart, which sends blood to the gills for aëration. It consists of a venous sinus, an auricle, and a ventricle. From the gills it finds its way to the aorta, to be distributed throughout the tissues without any further impulsion. Among the amphibians, as the frog, there are found two auricles with a single ventricle. Reptiles possess two auricles with two ventricles, though the latter are but incompletely separated. Among birds and mammals there is a heart which serves a double purpose—it sends blood to the lungs for aëration, to the body in general to serve the needs of its various tissues. The passage of the blood to the lungs is accomplished by the right auricle and ventricle and is known as the *pulmonary system.* That going to the tissues of the body is propelled by the left auricle and ventricle to constitute the *systemic system.*

THE CIRCULATORY SYSTEM.

This system has for its distinctive function the propulsion of the blood to every part of the economy. It is a closed, vascular apparatus consisting of an impelling agency, or pump, with an outgoing and incoming system of vessels. The central pumping organ is the *heart*, from which proceed the vessels that carry the blood *from* the heart to the various organs and parts of the body—the *arteries*—and the vessels returning the impoverished blood to the right side of the heart—the veins. Connecting the smallest arterioles and the fine radicles of the beginning veins is a network of microscopical vessels large enough in many places to admit of but a single row of corpuscles and whose walls are composed of a single layer of endothelial cells; these are the *capillaries*.

THE HEART.

The heart is a hollow, cone-shaped organ of muscle. It is situated in the cavity of the thorax, inclosed by a serous sac: the pericardium. It lies between the lungs, rests on the diaphragm, and is located more on the left than on the right side. It is placed obliquely; its broad end, or base, by attachments to the blood-vessels, is fixed to the front of the vertebral column. The base of the heart extends from the fourth to the eighth dorsal vertebra. The apex is inclined downward, forward, and to the left, where it terminates just behind the interval between the fifth and sixth ribs, $^3/_4$ inch to the inner side of and $1\,^1/_2$ inches below the nipple. The heart is 5 inches in length; in breadth, $3\,^1/_2$ inches; and in thickness, $2\,^1/_2$ inches.

The heart is brown in color, and on its surface has a longitudinal and a transverse groove, which shows a division of the organ in four parts: the two auricles and two ventricles. The heart increases in all dimensions up to a late period in life, thus augmenting its weight. The auricles are cavities having thin walls. The base of the heart is formed by the auricles. A partition separates them and they are connected with the great veins,—the cavæ and pulmonary veins,—by which they receive blood coming from every portion of the system. The aperture of communication between the auricles and ventricles is the auriculo-ventricular opening, which permits the blood to leave the auricle to enter the ventricle, but valves prevent it from running back into the auricle. The thick-walled parts of the heart are the ventricles, which become thicker in the direction of the apex. Like the auricles, they are separated by a partition and connected with the large arteries, —the pulmonary artery and aorta,—by which they send blood to the

entire system. Both ventricles have valves called aortic and pulmonary, which prevent the reflow of the blood from the arteries into the ventricles.

The right auricle consists of an oblong part, the sinus. The walls of the right auricle are thin and translucent, but are thickened

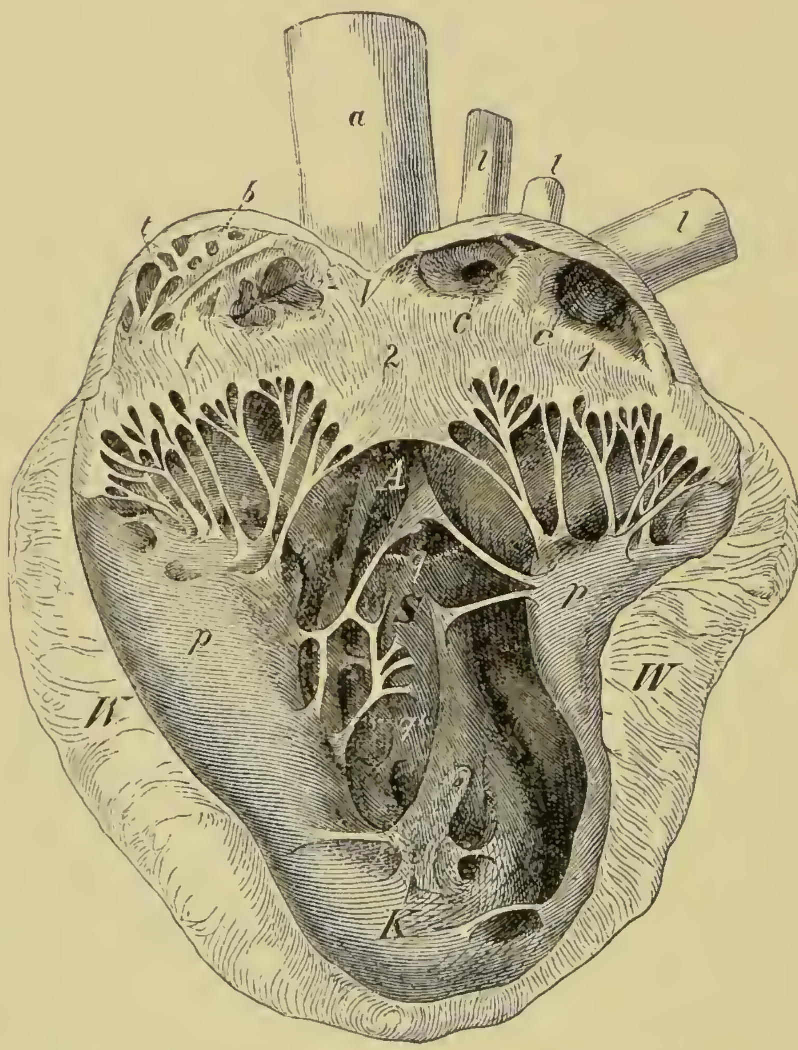

Fig. 26.—Heart of the Cow, with Left Auricle and Ventricle Laid Open. (MÜLLER.)

a, Root of the aorta. *b*, Spaces in the wall of the auricle. *c*, *c*, Orifices of the pulmonary veins. *l*, *l*, Pulmonary veins. *p*, *p*, Papillary muscles. *q*, *q*, Columnæ carneæ. *A*, Orifice of the aorta. *K*, Left ventricle. *S*, Septum. *V*, Left auricle. *W*, Lateral wall of left ventricle. 1, 1, 2, Leaflets of mitral valve.

by means of isolated columns of muscle called the pectinate muscles. These pectinate muscles make the interior of the heart present an uneven, ridgelike appearance. On the partition between the auricles there is a shallow, oval fossa, with a border, and is the position of the foramen ovale, by which the two auricles communicated during intra-

uterine life. The openings of small veins, the foramina Thebesii, can be seen at various parts of the inner surface of the right auricle.

The auriculo-ventricular orifice of the right side of the heart is a large oval aperture. It is about an inch in diameter. It is guarded by the tricuspid valve, or right auriculo-ventricular valve.

The left auricle has thick walls, and the walls are not so translucent as those of the right auricle. It has a smooth interior surface, except with the auricular appendage, where pectinate muscles are

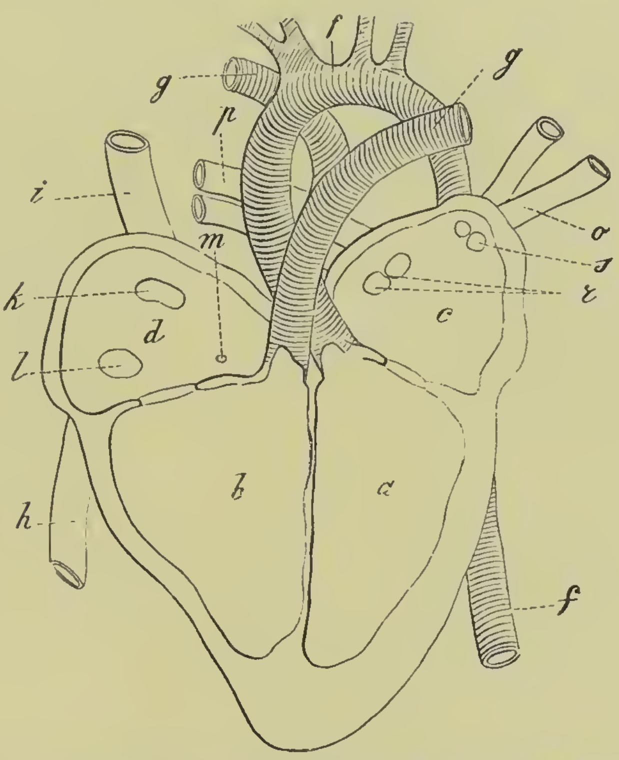

Fig. 27.—Diagram of Mammalian Heart. (BECLARD.)

a, Left ventricle. *b*, Right ventricle. *c*, Left auricle. *d*, Right auricle. *f*, Aorta. *g*, *g*, Pulmonary arteries. *h*, Inferior vena cava. *i*, Superior vena cava. *k*, Orifice of superior vena cava. *l*, Orifice of inferior vena cava. *m*, Orifice of the coronary vein. *o*, Left pulmonary vein. *p*, Right pulmonary vein. *r*, Orifice of the right pulmonary vein. *s*, Orifice of the left pulmonary vein.

present. It has four openings, which are the pulmonary veins, two in the right and two in the left side of the auricle. At the lower anterior part of the cavity is the left auriculo-ventricular orifice. The right ventricle is in the shape of a pyramid with the base upward and backward. It extends from the right auricle to near the apex of the heart, and occupies more of the front surface of the heart than the left ventricle. The walls of the right ventricle are only one-third the thickness of those of the left. The septum ventriculorum bulges into the right ventricle. There are numerous projecting ridges in the

right ventricle which are muscles called the columnæ carneæ. Some of them are named, from their shape, the papillary muscles, which project from the interior surface of the ventricle and end in narrow tendinous cords called the chordæ tendineæ.

The right auriculo-ventricular orifice opens into the ventricle at its lower back part. From its edges project a broad, membranous

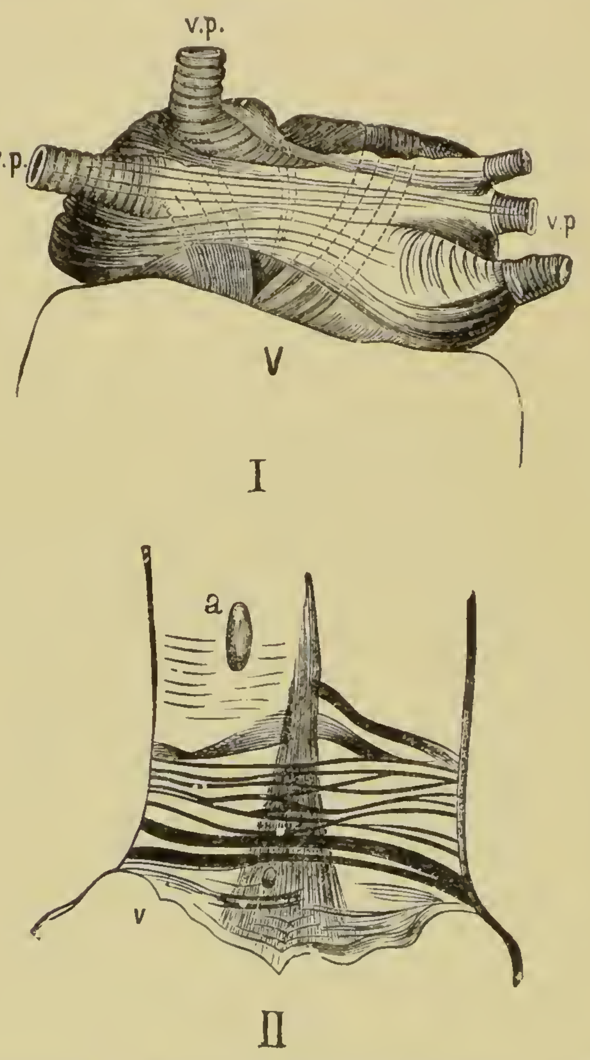

Fig. 28.—Course of Muscular Fibers of Heart. (LANDOIS.)

I. Course of the muscular fibers on the left auricle, with the outer transverse and inner longitudinal fibers, the circular fibers on the pulmonary veins (*v. p.*). *V*, The left ventricle. (John Reid.)

II. Arrangement of the striped muscular fibers on the superior vena cava. *a*, Opening of the vena azygos. *V*, Auricle. (Elischer).

fold divided into three parts and hence called the tricuspid, whose free borders are attached by the chordæ tendineæ to the papillary muscles and to other points on the interior surface of the ventricle. When the valve is open the three parts lie against the interior surface of the ventricle. The duplicature of the endocardium with included

fibrous tissue makes up the tricuspid valve and the chordæ tendineæ. The pulmonary artery springs from the base of the right ventricle. Its opening is provided with three semilunar valves. These valves are three crescentic doublings of the endocardium with fibrous tissue and arranged in a circle. Their convex border is attached around the edge of the orifice of the artery. Behind each valve the artery is dilated into a shallow pouch, called the sinus of Valsalva, which prevents the valve, when open, from adhering to the side of the artery and permits the reflow of blood readily to press the valve down to

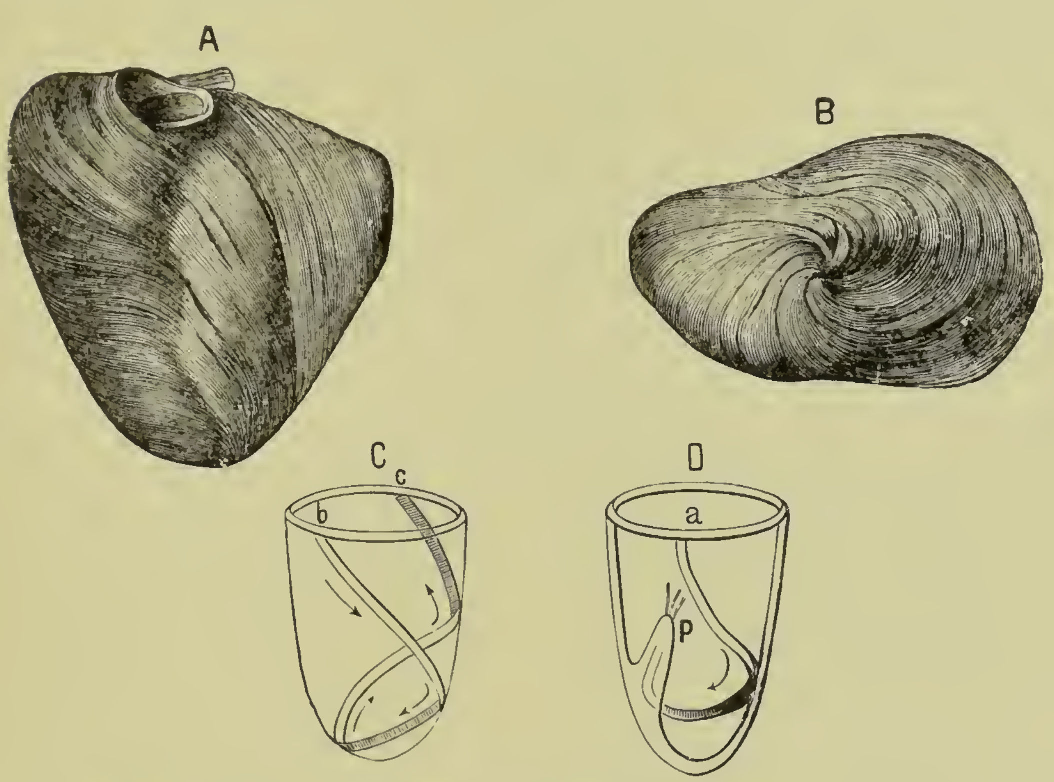

Fig. 29.—Course of the Ventricular Muscular Fibers. (LANDOIS.)

A, On the anterior surface. *B*, View of the apex with the vortex. *C*, Course of the fibers within the ventricular wall. *D*, Fibers passing into a papillary muscle, *P*.

close the opening. At the middle of the free border of the valve there is a thickening of fibrous tissue, making the corpora Arantii. The left ventricle is three times the thickness of the right, and its apex forms the apex of the heart. It is longer and forms more of the posterior surface of the heart than the right ventricle. Like the right ventricle, it has columnæ carneæ, papillary muscles, and chordæ tendineæ.

The left auriculo-ventricular valve is provided with a pair of membranous folds forming the mitral valve, or bicuspid valve. It

is larger in size and thicker than the right auriculo-ventricular valve. These mitral segments have the chordæ tendineæ attached.

The left ventricle has an opening which is the origin of the great blood-vessel, the aorta, which is provided with semilunar or sigmoid valves, of the same character as those of the pulmonary artery.

Structure of the Heart.

The lining membrane of the heart is called the endocardium. All the valves of the heart are made up by its inclosing fibrous tissue. The endocardium is formed of epithelium and fibro-elastic tissue. The rings to which the valves are attached are also made of endocardium and fibro-elastic tissue.

Muscular Structure of the Heart.

The muscular fibers of the auricles consist of two kinds. The external fibers are common to both auricles, while some run into the interauricular septum. The internal fibers are not common to each auricle, but are confined to each auricle. The fibers of the internal layer are attached to their respective auriculo-ventricular rings. The external fibers run in a transverse direction; the internal fibers cross the direction of the former. There are other muscular fibers, arranged concentrically around the origin of the great veins and auricular appendages.

In the ventricles there are several layers of muscles. The outer layer runs from the base, where they are attached to the fibro-cartilaginous rings around the orifices toward the apex of the heart, where they run by a sharp twist into the interior of the left ventricle to the papillary muscles. This twisting of the fibers gives rise to the whorl of the fibers at the apex of the heart. Other fibers run obliquely upward in the septum to be attached to the fibro-cartilaginous ring, from which they started. Still other fibers pass in a horizontal direction into the posterior wall of the left ventricle and take a ringlike course in it.

The right ventricle in the arrangement of its muscular fibers may be regarded as an appendage of the left.

Histology.—The fibers of the heart are striated. Unlike the voluntary muscle, they branch and have their ends united to each other so as to form a network. The open space in the network is filled with connective tissue and lymphatics. The muscle-cells are quadrangular in shape, with a clear oval nucleus. There is no sarcolemma in heart-muscle. The muscles of the heart anastomose and

divide. As to lymphatics, it is very liberally supplied with them. The nerves are nonmedullated near their ends. The muscular mass of the heart is called the myocardium.

Pericardium.—This is a fibro-serous sac inclosing the heart, and consists of two leaves, or layers. The internal serous, or visceral, layer closely invests the heart and the commencement of the great blood-vessels. It is an inextensible membrane.

The external fibrous, or parietal, layer is a strong, inelastic membrane which embraces the origin of the great blood-vessels at the base of the heart.

These two layers unite to make a closed sac. Between the parietal and visceral layers is the pericardial liquor, which permits the two layers to slide on each other without friction. The elastic fibers in the parietal layer permit of its following very closely the changing form of the heart.

The Auricles.—In examining each half of the heart it is easy to recognize that the auricle, on account of the thinness and the weakness of its muscular walls, can scarcely be the important part of that organ. In laying bare the heart of an animal while artificial respiration is maintained, it is seen that the action of the auricle is very weak as compared with that of the ventricle. A manometer introduced into the auricular cavity at the moment when it contracts marks a pressure that is but one-fifth or one-sixth that obtained in the corresponding ventricular cavity and under the same conditions.

It would seem that the action of the auricle is only accessory when it is noted how badly closed the cavity is on the side toward the veins and how thin its walls are. With the ventricle, quite the reverse is true. The walls are thick, the valves are closed perfectly.

According to Ludwig, the principal rôle of the auricles is to render the cavity of the ventricles altogether independent of the pressure of the blood in the venous system; also to produce the closing of the auriculo-ventricular valves. By its contraction, the auricle is far from emptying itself. The fluid which it drives out of its cavity seems to be less abundant than that which it keeps there.

The Ventricles.—The ventricles represent the parts that are really active in the cardiac circulation. The strength of the contractions proper to the two ventricles reveals itself in the thickness of the muscular walls, the fibers of which are inserted into fibrous rings. These latter are the veritable skeleton of the heart. Manometric observation presents us with proof of the force of the ventricular contractions.

GENERAL COURSE OF THE CIRCULATION.

Since the main points of the anatomy of the heart have been touched upon, it might be well at this stage roughly to consider the circuit of the blood through it and its vessels. The vascular system is a closed apparatus consisting of a central pump with its vessels

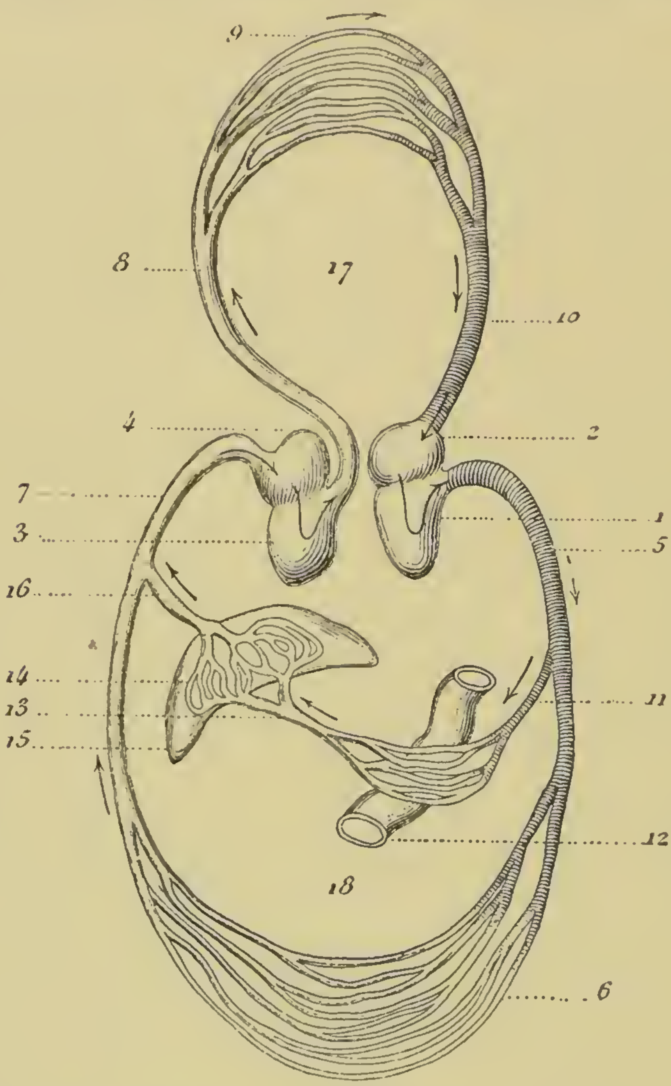

Fig. 30.—Diagram of the Circulation. (DUVAL.)

1, Left ventricle. 2, Left auricle. 3, Right ventricle. 4, Right auricle. 5, Aorta. 6, Systemic capillaries. 7, Inferior vena cava. 8, Pulmonary artery. 9, Pulmonary capillaries. 10, Pulmonary vein. 11, Gastric and intestinal vessels. 12, Intestine. 13, Portal vein. 14, Portal vein, forming second capillary system in the liver. 15, Liver. 16, Hepatic vein. 17, Pulmonary, or lesser, circulation. 18 Systemic, or greater, circulation.

leading to every part and organ of the economy. *All* vessels leading *away* from the heart are *arteries;* those leading *toward* it are *veins.*

The entire circuit of the blood is divided into two principal portions, which are distinctly separated from one another both anatomically and functionally. The one conveys the blood to and from

the lungs during the process of aëration; so that to it has been affixed the term *pulmonary circulation.* The other has for its function the distribution of the blood to all parts and organs of the economy in general, thereby receiving the name *systemic circulation.*

Beginning with the left ventricle, the blood is conveyed to the aorta, from which branches are distributed to every part of the body, through the capillaries to the veins, to be eventually returned as dark, impure blood to the right auricle. This, the greater circuit, has been termed the *systemic circulation.* During the course of this circulation it has been found that the blood from the capillaries of some of the abdominal viscera is gathered together into a single vessel, the *portal vein,* which again subdivides to form a capillary plexus in the liver. This *accessory* circulation is commonly designated as the *portal circulation.*

From the right auricle the blood flows into the right ventricle, from which it is expelled through the pulmonary artery to the lungs, to be returned to the left auricle as bright-red, pure blood. This change in color is due to the presence of oxygen in the hæmoglobin gained during the process of aëration. This shorter circuit is known as the *lesser,* or *pulmonary,* circulation.

Difference of pressure between the blood of the aorta and pulmonary artery, on the one hand, and that in the venæ cavæ and pulmonary veins, on the other hand, is responsible for the *flow* of blood. Its direction is always in the line of least resistance. The greater the difference of pressure, the greater is the velocity of the blood-stream; the reduction of this difference to *nil,* as in death, results in arrest of movement.

The cardiac revolution may be divided as follows: (1) *the first sound;* (2) the *first,* or short, *silence;* (3) the *second sound;* and, (4) the *second,* or long, *silence.*

If the cardiac revolution be divided into tenths, then the first sound will be $^4/_{10}$; the first silence, $^1/_{10}$; the second sound, $^2/_{10}$; and the long silence, $^3/_{10}$.

The time of the various acts of the total cardiac movement are, according to Gibson, as follows:—

Auricular systole	0.112 second.
Ventricular systole	0.368 second.
Ventricular diastole	0.578 second.

The rhythmical succession of these acts constitutes the cardiac revolution. By their function the vital fluid—the blood—is kept in constant circulation within the body so that every portion of the

economy receives its proper nourishment. The processes of metabolism are balanced, the various organs and glands of the body perform their needed functions, and the whole animal lives and thrives.

MOVEMENTS OF THE HEART.

The heart movements consist of alternate contractions and relaxations, which follow each other with a certain rhythm. Systole is the name for contraction; diastole is the term for relaxation.

The two auricles contract and relax synchronously, and these movements are followed by a simultaneous contraction and relaxation of the ventricles. There is a systole and diastole of auricles and a systole and diastole of ventricles. At last there is a very short period in which the heart is in diastole. The succession of movements from the commencement of one auricular systole to the commencement of one immediately following is known as a cardiac revolution. The auricular contraction is less sudden than the ventricular. The contraction of the auricle lasts a very short time, while the time of ventricular contraction is considerable, and the relaxation of the ventricle is slow.

The time of contraction of the auricle and its relation are about the same, but the ventricular diastole is nearly twice as long as the ventricular systole. The auricles have a uniform, wavelike movement; the ventricles have a spasmodic action in their movement. If now the venæ cavæ and pulmonary veins are delivering blood into the two auricles, then at this time the diastole of the auricles is gradually approaching completeness. The swelling of the auricles is due in part to the pressure in the veins being greater than in the cavity of the auricles and in part to the inspiratory movement of the thorax sucking the blood from the veins external to the thorax to the interior of the veins of the chest. During this period the ventricles are filling with blood, for both the tricuspid and mitral valves are open. As the cavity of the auricles is smaller than that of the ventricles, the auricles are filled sooner and consequently contract before the ventricles, the veins offering a resistance to the backward movement of the blood by a narrowing of their opening. The systole of the auricle forces the blood chiefly in the line of least resistance into the ventricle, which is not yet completely filled and is undergoing diastole. While the blood is passing from the auricles into the ventricles the auriculo-ventricular valves are floated gradually into a horizontal position. The blood by the systole of the auricles has filled the ventricles, already filled in part during the diastole of the

auricle. Now the ventricles contract, the mitral and tricuspid valves are tightly pressed together, and regurgitation of blood into the auricles is prevented. As the blood cannot go back into the auricles, it must by the muscular force of the ventricles rush into the pulmonary artery and aorta, respectively. The onset of the blood forces open the semilunar valves of the pulmonary artery and aorta and exerts a pressure in these arteries partially filled with blood before the new rush of blood sets in. Their walls are necessarily considerably distended. Then the ventricles dilate and at the same time the mitral and tricuspid valves open, and the semilunar valves close from the recoil of blood against them. From the time the systole of the ventricles ends to the full distension of the auricles, all the chambers of the heart are in diastole and being filled with blood. This is the resting of the heart, and is called the pause.

Pathological Cardiac Action.—An increase in the heart's action is produced by any resistance either in the heart itself or in any of its blood-vessels. With increased action the heart-muscle undergoes hypertrophy, with frequent dilatation also.

The most common resistance met with in the vessels is narrowing of their lumen or want of elasticity in their walls. Within the heart the most usual defects are narrowing of the orifices or incompetency of the valves. On account of the latter condition blood is allowed to escape in the wrong direction so that the heart must do extra work to keep all of it in circulation.

Palpitation and syncope are two very common conditions met with and which are due to faulty heart-action, induced perhaps by causes that are more or less remote.

The Cardiac Impulse. — Synchronous with this act is *apex-beat*, by which is understood that surface movement which is seen or the impulse that can be felt within a circumscribed area and produced by ventricular systole. This area is located in the fifth left intercostal space between the mammary and midsternal lines. The center of this area is described as being two inches below the nipple and one inch to its sternal side.

The cause of the impulse of the heart is the change in form and consistency of the ventricles, when these pass from the diastole to the systole and in the instantaneous transformation. It is the sudden hardening of the ventricle.

The impulse takes place at the same time as the systole of the ventricle, and is caused by the ventricle, which is pressed very firmly against the chest. At the time of the contraction of the ventricle the

outline of the heart changes; instead of being an oblique cone having an elliptical base, as at rest, it becomes a regular cone with a regular base. For giving more accurate accounts of the heart's movements recourse is had to the instruments called *cardiographs.*

Cardiographs.—These are instruments which give graphic records of the heart's movements. They register at the same time the movements of the auricles, ventricles, and the beating of the heart against the walls of the chest. For obtaining these records of animals the heart was exposed, levers attached to various parts of it so that their distal ends could make tracings upon a revolving, blackened surface.

This apparatus was inapplicable for use upon the human heart, but there are to-day for its study numerous cardiographs, all of them, however, being only modifications of Marey's tambours.

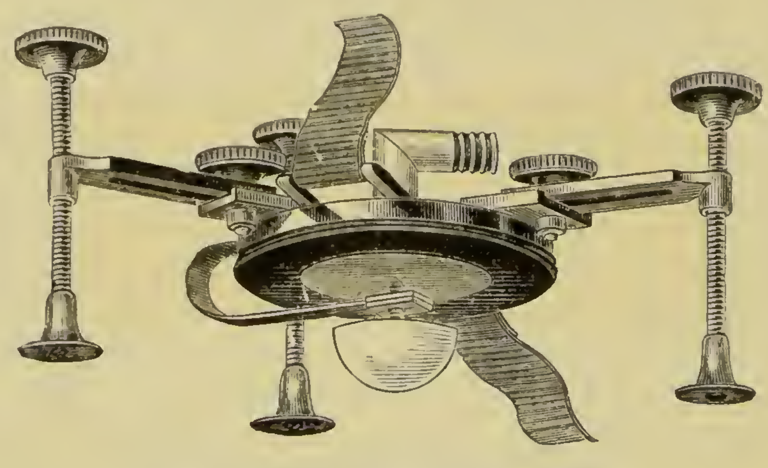

Fig. 31.—Sanderson Cardiograph.

Sanderson's instrument consists of a hollow disc, the rim and back of which are of brass, while the front is of thin rubber. On its back is a flat steel spring bent at right angles, and its unattached end is provided with an ivory button which is directly over the center of the rubber membrane. The ivory button is applied over the point where the apex-beat is most plainly felt. During the application of the apparatus the ivory button is continually in motion by the surface pulsations. Each movement of the button sets the rubber membrane in motion, and, as the drum is airtight and in communication with a second drum with a recording lever, the diminution of air in the first causes an increase in the content of air in the second and an elevation of its recording lever on a smoked drum. Each systole of the ventricle causes a sudden rise of the lever, and the end of the systole is noted by a marked gradual descent of it.

The cardiogram is read from right to left, and normally shows a

small elevation, corresponding to auricular systole, immediately succeeded by a very abrupt rise which marks ventricular systole. This is held for 0.3 second presenting small vibrations, which are attributed to the closure of the semilunar valves. The downward stroke, very abrupt, marks the pause, or diastole.

Endocardiac Pressure.—The ordinary mercurial manometer, by which the heart's work can be estimated, is unsuitable for determining its ventricular pressure. The objections are the relatively great amount of work required to produce a given displacement of the mercury; that it is not susceptible and sensitive to quickly follow differences of pressure; and when once displaced, the mercury possesses oscillations of its own which confuse oscillations of blood-pressure. However, when this instrument by the introduction of a properly placed valve is converted into a "maximum and minimum manometer," the actual blood-pressure may be more readily determined.

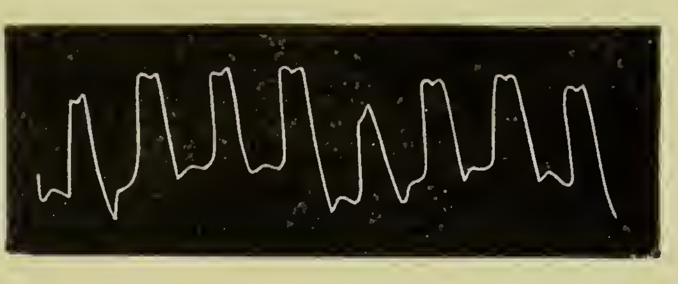

Fig. 32.—Record Obtained with the Cardiograph when the Button is Placed at the Apex-beat of the Human Heart. (Sanderson.)

The ascent in each curve is due to the ventricular systole.

The dog has been very extensively used for the application of this instrument, from which the appended figures are given:—

	Systole. Maximum Pressure.	Diastole. Minimum Pressure
Left ventricle	140 millimeters	—30 to 40 millimeters.
Right ventricle	60 "	— 15 "
Right auricle	20 "	— 7 to 8 "

By negative pressure is meant that the mercury in the instrument has been sucked toward the heart. The negative pressure as is seen occurs only during the diastole of the heart. Moens is of the opinion that this negative pressure within the ventricle happens shortly before the diastole has reached its height. During negative pressure the blood from the veins is sucked into the heart.

For determination of the duration of the cardiac events, as well as the blood-pressure—that is, to have tracings of the curves for each cavity, to know the time-relations for comparison, as well as the curves

of the great arteries and veins—requires an instrument of some complexity. Only within recent years have these been invented, whereby elastic manometers counterbalance the blood-pressure instead of a column of liquid. Many of the instruments employed give their tracings from movements transmitted to them from cardiac sounds through a tube to the recording apparatus. The sounds were usually appropriately curved cannulæ, to one end of which were attached flexible rubber bags, or ampullæ. Two were introduced through the jugular vein into the right auricle and ventricle, a third into an intercostal space in front of the heart. These were put into communication with three tambours with their needles, by which were recorded the endocardiac pressure with the duration of the auricular and ventricular contractions.

By these levers it was shown without doubt that the apex-beat is due to the systole of the ventricle, as the two were synchronous.

Clinically, changes in the cardiac impulse are best ascertained by using any of the graphic instruments and then studying the curves obtained. From such study the observer is able to get very definite knowledge as to the nature of the cardiac lesion, its severity, etc. The various stenoses, insufficiencies, hypertrophies, and dilatations may by this means be diagnosed with considerable accuracy.

Persistence of the Heart Movement.—The heart may continue to beat for some time after its removal from the body. This is particularly noticeable in cold-blooded animals like the turtle, whose heart movements have been known to continue even for days.

When the heart dies the ventricles stop first, but the right auricle is the last to be arrested; hence it is called the *ultimum moriens*.

SOUNDS OF THE HEART.

When the ear is placed over the cardiac region, or to a stethoscope applied to the precordial area, *two* characteristic *sounds* are heard. The two sounds are known as the *first* and *second*, and are emitted during every cardiac revolution. Though the sounds occur in quick succession, yet they are each separated by silences.

The *first sound* is the stronger of the two. In nature it is dull. It coincides with the shock of the heart. The first sound is followed by the first, or *short, silence*.

The *second sound* is shorter in duration and clearer in character. It comes an instant afterward, at the moment when the whole heart is in relaxation. In *pitch*, the second sound is from one-fourth to one-third higher than that of the first sound.

Following the second sound of the heart there occurs the *second,* or *long, silence.* In reality the pause occupies but a fraction of a second, yet it is said to be "long" as compared with the first silence.

It must be borne in mind by the student that there occur in reality *four sounds* during each cardiac cycle. However, the first two normally occur in unison, as do the second two, so that but two sounds are heard by the examiner.

From their difference in *pitch* the two heart-sounds may be expressed graphically upon the musical staff. To the ear they simulate the sounds which are produced in pronouncing the words, "lubb," "dup," the former corresponding to the first heart-sound, the latter to the second.

If the two sounds be listened to at some distance from the heart, the first may nearly always be distinguished from the second by comparing the intervals between them. The time elapsing between the first and second sounds is generally much shorter than that which separates the second sound from the first in the succeeding revolution of the heart. But, in medical practice, too much importance must not be attached to these intervals, since their respective duration is extremely variable. In the absence of the impulse it is better to depend upon the differences of *pitch.*

Causes of the Sounds.—The nature and causes of the cardiac sounds are best studied in a large mammal whose heart-action is comparatively slow. For this purpose the horse is used. Its pulse averages but forty. The animal is properly prepared by anæsthetizing, curarizing, and exposing the viscus to view by placing a window in the thorax. With stethoscope and by observation and palpation, the experimenter is ready to determine, among the complex actions which make up a cardiac cycle, the one which gives rise to each of the two sounds.

Second Sound.—The *cause* of the second sound is due to the sudden closure of the *sigmoid* (semilunar) *valves* of the aorta and pulmonary artery during relaxation of the ventricle. The sudden closing of the valves is produced during the effort of the arterial blood to escape backward from the elastic reaction of the aorta and pulmonary artery.

Proofs abound in support of this theory. If the valvular movements be hindered in one of the above-mentioned arteries by placing a clamp close to its base, immediately the second sound is suppressed at that point. If the valvular action of both vessels be suppressed, the second sound may be completely extinguished.

Again, should the apex of the heart be cut off and the ventricular blood be made to escape to the outside, no second sound occurs. In this experiment the sigmoid valves have neither been lifted up nor allowed to fall back and stretch themselves out with a sound.

Physically, one is able to account for the production of the second sound on the principle that it is produced by the clicking of the sigmoid valves. In fact, similar sounds are obtained by producing sudden tension of a membrane under the action of a column of liquid.

When the initial stump of an aorta, whose valves are still intact, is attached to a tube and reflux of a liquid closes the valves, a clear, snappy click is produced.

When pathological conditions occur, the sound is altered, being accompanied by or even altogether superseded by a blowing sound, known as a *murmur*.

THE CAUSE OF THE FIRST SOUND is more difficult to determine than is that of the second. The nature of this sound is more complex, several factors entering into its evolvement.

Since it is established that the first sound corresponds in point of time with ventricular systole, it is reasonable to connect it with one or several phenomena which take place in the heart at that moment. They are: The precordial shock, contraction of the ventricles, occlusion of the auriculo-ventricular valves, and opening of the sigmoid valves.

While the above phenomena are synchronous with the first sound, yet the majority of them are believed to have no action in producing the first sound. Thus, the sound is audible in a heart from before which the chest-wall has been removed, so that precordial shock is not the source of the sound.

That the opening of the sigmoid (semilunar) valves is not of consequence has long been refuted by experiment.

In the case of the second sound we have just learned that the production of it was due to the closure of the sigmoid valves. In like manner the closure of the auriculo-ventricular valves is *in part* the cause of the first sound. Wintrich, by means of proper resonators, was able to analyze the first sound and so distinguish the clear, snappy valvular component of this so-called *solid sound*. The very fact that the sound is low and booming in nature demonstrates the fact that there must be some other component entering into its causation.

The tension and vibration of the chordæ tendineæ are factors in producing sound, but the nature of it is similar in every respect to that produced by valvular vibration.

Even though the auriculo-ventricular valves and their chordæ tendineæ be destroyed in an excised heart, yet will there be produced a feeble sound of rather low pitch. This sound is believed to be produced by the contraction of the muscular fibers of ventricular walls, and has been termed *muscle-sound.*

Any muscle whatever, during its contraction, gives rise to a dull sound. It is evident then that, during contraction of the ventricle, this same phenomenon must occur and so contribute its part to the production of the first sound.

From new experiments it appears that the rôle of the muscular contraction is more important than it has generally been thought to be. For verification of this the following experiment seems to be decisive:—

The heart is exposed in a dog that is poisoned with curare and in which artificial respiration has been maintained during two hours. The left ventricle is cut open in front and at the back with scissors along the intraventricular partition. The incisions are rapidly lengthened from the apex toward the base in such a manner as to turn completely outside all the ventricular wall. This portion is no longer held to the rest of the heart except by the auricle.

The suspended piece of ventricular wall, under these conditions, continues to contract with force and rhythm for some seconds. If the stethoscope be applied to the internal face of the stump, it permits us to hear at the moment of each contraction a sound that is exactly like the one which had been perceived in the nonmutilated. There is, however, a vast difference in intensity, the sound emitted from the experimental heart-muscle being very weak.

The contraction of the auricles is not considered at all as being a factor in the production of cardiac sounds. Repeated experiments have proved the auricular contractions to be inaudible.

Position of Valves and the Areas of Audibility.—The pulmonary and tricuspid of the right lie nearer the surface than the aortic and mitral.

The best point to hear the pulmonary valve is chiefly behind the third left costal cartilage. For the aortic valve it is behind the left half of the sternum, on a level with the third space. For the mitral valve it is behind the left half of the sternum on a level with the fourth and upper border of the fifth cartilage. For the tricuspid, behind the lower fourth of the sternum, to the right of the middle line from the fourth right cartilage to a point behind the junction of the sixth right cartilage to the sternum.

Variations in Heart-sounds.—Increase in the intensity of the first sound of the heart is indicative of a more vigorous contraction of the ventricles, with, of course, greater tension of the auriculo-ventricular valves.

Increase of the second sound denotes a higher tension in the corresponding large arteries. The condition is usually demonstrative of overfilling and congestion of the pulmonary circuit. With equal intensity the muscular sound of the left ventricle is appreciably longer than that of the right.

Weak heart-sounds are indicative of a *feeble* action of the heart and usually denotes degenerations of the heart-muscle.

The Coronary Arteries.—The heart-muscle, by reason of its almost constant activity, must be very generously supplied with blood to insure its proper nutrition. In it are found a system of arteries, capillaries, and veins, known as the coronary vessels.

The arteries to the heart-muscle are two in number: the *right* and *left coronary.* They are the first branches of the aorta, and take their origin just above the level of the free margins of the semilunar valves. The diameter of the coronary arteries is that of a crow's quill. From these main vessels there proceed numerous branches which dip down into the heart-substance, dividing and subdividing as they go until a system of capillaries is formed.

The effete products are conveyed to the general circulatory system by the *coronary vein,* which empties its blood into the right auricle.

It, with its branches, is provided with valves, since every auricular systole interrupts the venous flow; the ventricular contractions, however, accelerate its flow. The coronary arteries are characterized by their very thick connective tissue and elastic intima, which perhaps accounts for the frequent occurrence of atheroma of these vessels.

Ligature of the coronaries in the case of dogs is followed by very prompt results, because of the sudden anæmia and inability of the heart to rid itself of its metabolic decomposition products. Within two minutes the cardiac contractions become very irregular, give place to twitches, and then cease all movements.

In those cases of fatty degeneration where growth of the coronary vessel-walls produces the condition known as atheroma, the symptoms of ligaturing with sudden death occur because of the sudden arrest of the heart's action.

At the beginning of systole the blood rushes into the coronary arteries in the same fashion that it does into other arteries. However, later, during systole, the branches of the coronary arteries are so

squeezed by the strong ventricular contractions that the passage of the blood is temporarily obstructed or even made to retrograde. Before the blood can recede to any extent, systole has ended and the blood then flows along as before.

It has also been found that, during the beginning of a ventricular systole, a cut into the coronary artery of a living animal causes a spurt of blood from the *central end* of the artery.

A shortening of the diastolic period lessens the nutritive supply to the heart. Diastolic distension of the left heart by "back pressure" lessens the coronary flow. These facts are of much practical import in diseases of the heart.

Frequency of the Heart's Action.—During health the heart acts so smoothly and with so little concern on our part that there is required considerable of self-attention before any differences are seen to exist. Its action, as studied from the throbbings (pulse) that are exhibited by some of the more superficial arteries, each of which corresponds to ventricular systole, is found to lie in very close sympathy to the other great functions of the economy and is accordingly influenced by them. The average number of adult beats is 72 per minute. Even in health great deviation on either side of this standard may exist, depending upon age, sex, size, food and drink, exercise, posture, etc. That age and sex exercise an influence upon the frequency of the heart's movements must be remembered by the clinician when making his diagnosis. From the annexed table it will be noticed that just before birth the rate, as determined by the stethoscope, is very high, but gradually diminishes until very old age, when there is a slight increase. Sex is very influential, the female heart averaging about eight beats more per minute.

It has been noticed that the rule seems to be that *smaller* animals possess a greater amount of neuro-muscular activity than larger ones. Among human beings this is also applicable, shorter people usually having a pulse that is a trifle more rapid than taller people. Idiosyncrasics are frequently found which are at first very misleading to the diagnostician. Thus, the pulse of Napoleon I often did not exceed 40 beats to the minute, yet he was perfectly well. After each meal there is an increase of from 5 to 10 beats, while following very violent exercise the figures 140 or 150 may be reached.

During health there is found a nearly constant relation existing between the number of heart-beats and of respirations. This proportion is *four* heart-beats for *every single* respiration. Even when the number is very much increased from violent exercise or any other

cause, the proportion still remains constant. Pathological conditions usually alter this relation. Landois gives the following results:—

Age.	Pulsations per Minute.	
	Male.	Female.
Fœtal	140	140
1 year	128	128
2 years	105	105
2 to 7 years	97	98
8 to 14 years	84	92
14 to 20 years	76	82
40 to 50 years	70	78
Very old age, 80 years	80	80

Work of the Heart.—When a force produces acceleration, or when it maintains motion unchanged in opposition to resistance, it is said to do *work*. To convey an impression of the amount of work done by any machine, it is usual to express its efficiency in terms of *work-units*. This is a comparatively easy task when attempted in the physical world, but becomes extremely difficult when one attempts to express in terms of work-units the force of the heart's action. The work of the heart—central pump, that it is—is so hard to reckon in view of the ill-defined data that we are able to obtain as to the resistance which it overcomes and from the fact that different portions of this human machine are known to exert different degrees of force.

Anatomical differences, then, in the heart musculature permit the conclusion that the left heart, the walls of which are thicker, has more force than the right heart. It is reasonable to conclude from these premises that, where the ventricular walls are three times thicker in one half of the heart than they are in the other, one half must have a thrice greater systolic force than the other.

The work of the heart is usually expressed in kilogrammeters. A kilogrammeter is equal to 7.24 foot-pounds. To estimate the work of the heart. according to Dr. Leonard Hill, the mean pressure and velocity in the aorta and the volume of blood ejected by the ventricle must be obtained.

If W be the work done during systole of the left ventricle in gram centimeters; Q, the volume of the output in cubic centimeters; M, the mass of the output in grams; P, the specific gravity of the blood ($\therefore M = PQ$); V, the mean velocity in the aorta; H, the

mean aortic pressure in grams per centimeter; g, the acceleration due to gravity = 981 centimeters per second, then

$$W = QH + \frac{MV^2}{2g}$$

$$\therefore W = QH + \frac{PQV^2}{2g}.$$

The mean aortic pressure may be put down as 12 centimeters of mercury (specific gravity of mercury = 13.5). The volume of the systolic output is about 110 cubic centimeters. Substituting these data in the above equation one obtains:—

$$W = 110 + 12 + 13.5 + \frac{1.05 \times 110 \times 32^2}{2 \times 981} = 17{,}880 \text{ gram centimeters.}$$

If in the case of the right ventricle the mean pressure in the pulmonary artery be taken to be 4 centimeters of the mercury, the work of that ventricle will be one-third of that of the left ventricle. Thus, the total work of each systole of the heart will be $17{,}880 \times \frac{4}{3} = 23{,}640$ gram centimeters, and the total work of the heart will be per day about 24,000 kilogrammeters, or 1000 kilogrammeters per hour, or the equivalent of about $^1/_{50}$ of the whole amount of heat produced in the body.

INNERVATION OF THE HEART.

If the heart be removed from the chest or all of its nerves be severed, it will still continue to beat for a variable time, dependent upon the class of animal operated upon. In the case of the frog and other cold-blooded animals the beating of the heart will continue for hours under favorable conditions. From this it would seem that there must reside within the heart itself some mechanism whereby the rhythmical movements of the heart are maintained.

Like every other organ of the body, the heart receives its proper quota of nerve-supply, through whose medium are conducted certain impulses from without and by whose influence its rhythm may be *altered*. Yet, in addition there would seem to be *nerve-ganglia* within the heart-substance which behave as stimuli to the heart and so maintain its ordinary rhythmical movements.

Cardiac Ganglia.—This internal mechanism has been chiefly studied in the frog, where there exist in the heart *three distinct*

ganglia: Remak's, Bidder's, and von Bezold's. From the cells of these ganglia there are discerned numerous small fibers which form a plexus over the surface of the auricles and upper portion of the ventricles.

Remak's ganglion is seen at the orifice of the superior vena cava (sinus venosus). *Bidder's* is located at the junction of the auricles and ventricles in the auriculo-ventricular groove. *Von Bezold's* ganglion has its seat in the interauricular septum.

The heart of a mammal differs from that of an amphibian only in that there are several groups of ganglia in the mammal, while but one exists in the amphibian. However, these several ganglia of the mammal are believed to be automatically and physiologically equivalent to the homologous single ganglion or group of ganglia of the amphibian. The same general laws may be applied to both.

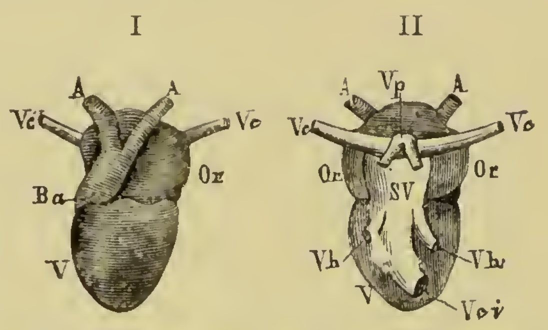

Fig. 33.—Heart of the Frog. (LIVON.)

I. Anterior view. II. Posterior view. *A*, *A*, Aortæ. *Vc*, Superior vena cava. *Or*, Auricle. *V*, Ventricle. *Ba*, Aortic bulb. *SV*, Sinus venosus. *Vci*, Inferior vena cava. *Vb*, Hepatic vein. *Vh*, Pulmonary vein.

Cause of Cardiac Rhythm.—The rhythm of the ventricle is a property of the *cardiac muscle.* In the maintenance of this rhythm the nervous system does not intervene except as an ordinary excitant of muscle. It is known that, if the apex of the frog's heart be cut away, it is then separated from all ganglia. The excised portion does not beat spontaneously, while the rest of the heart, the auricle and the base of the ventricle, continue their rhythmical action. Thus it seems that the ventricle normally contracts under the persuasion of irritations which arise in them from the cardiac ganglionic cells.

If now the isolated and immovable portion of the heart be placed under a cardiograph and subjected to opening of the induction current, there will result a pulsation to each isolated induction shock.

It is a remarkable fact that, if this same excised portion be excited by frequent breaks (at least thirty per second), the muscle *beats rhythmically.* Ordinary striped muscle responds to isolated

and separate breaks of the induction current by manifesting isolated contractions. But a condition of tetanus is produced under the action of a current frequently broken. Heart-muscle cannot be tetanized.

Hence this observation would force us to the conclusion that the heart's rhythm does not depend upon the ganglionic cells of the heart. The rhythm is the property of the cardiac muscle to react to the frequent excitations which it receives.

In this respect cardiac muscle is completely differentiated from ordinary striated muscle. It is a mistake to seek to make the rhythmical property of the cardiac muscle a property of ordinary muscle.

Theory of Cardiac Rhythm.—The heart is not equally excitable during rest and during action; it is less excitable during action than during waning action; that is, during the beginning than during the end of systole. The comparative want of excitability is so marked during the commencement of systole that this period has been called the refractory period.

The auricles and ventricles do not receive excitations except during and at the end of diastole because of the refractory phase during cardiac contraction. It is during diastole that the cavities of the heart possess greatest excitability. At the end of general diastole the auricles and ventricles are full of blood, particularly the auricles.

By reason of this blood-distension the auricles become excited and contract. The blood is rushed into the ventricles, dilating them to their maximum. From distension produced in them and also from ganglionic impulses which were not efficacious except at this moment, the ventricles are made to contract in their turn.

With each cardiac cycle the same phenomena are manifested, the result being a rhythmical action of the heart.

The warm-blooded heart increases its pulsations with rise of temperature and decreases them correspondingly with fall of temperature. The temperature does not act through the endocardium, but directly upon the muscle itself or its ganglia.

Direct irritation of the surface of the ventricle with tetanizing currents of electricity shows a marked change in the rhythm. Upon the human heart the constant current calls out an acceleration of the heart, while an induction current is without effect. Hence, in apparent death the proper current to employ to stir up the heart is the *constant current.*

Numerous experiments have been performed upon the hearts of animals (the frog chiefly) for determining the causes and means of control of the rhythmical movements of the heart. The experiments

consist, for the most part, of *ligaturing* various portions of the heart, and are performed by tightening and then relaxing the ligature so that the physiological connection is destroyed, while its anatomical and mechanical functions are still intact. The most important, as well as best known, of the ligature experiments is the one known as:—

STANNIUS'S EXPERIMENT.—If the sinus venosus of the frog's heart be separated from the auricles by the application of a ligature, then the auricles and ventricles will remain quiet in diastole, while the veins and the remainder of the sinus continue to beat. If a second ligature be applied at the junction of the auricles and ventricle, the usual sequence is for the ventricle to begin to beat again while the

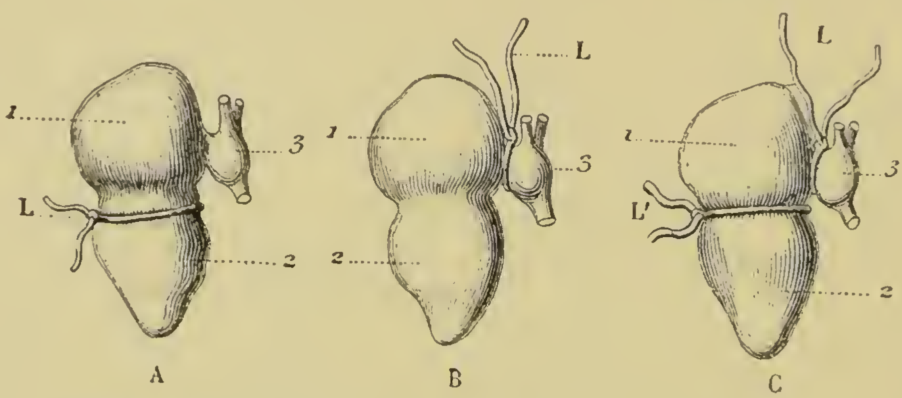

Fig. 34.—Schema of Ligatures of Stannius. (HEDON.)

A. Ligature below the auriculo-ventricular groove (*L*); the sinus venosus (3) and the auricles (1) continue to beat, but the apex of the isolated ventricle is arrested.

B. Ligature of *L* to sinus (3), which continues its rhythmical beats; 1 and 2 are arrested in diastole (seventh experiment of Stannius).

C. After the ligature (*L*) as in B, a second ligature (*L'*) is placed around the auriculo-ventricular groove; the ventricle, which was originally arrested, after some rhythmical contractions, is again arrested (tenth experiment of Stannius).

auricles continue to remain in their diastolic rest. Though the two, sinus venosus and ventricle, continue to beat, their motion is not rhythmical, the ventricular movements being considerably slower. In every case the quiescent portion can be made to give single contractions by stimuli, either mechanical or electrical. Thus, when the ventricle remains quiet after the first ligature, it may be made to give single contractions by pin-pricks.

To explain the experiment of Stannius it has been asserted that Remak's and Bidder's ganglia are motor and von Bezold's is inhibitory; that the motor influence of Remak's and Bidder's is greater than the inhibitory influence of von Bezold's; hence, in the absence of all ligatures, the heart beats. That the motor power of Bidder's is

less than the inhibitory power of Ludwig's; consequently, the first ligature cutting off the motor power of Remak's, the auricle and ventricle stand quiescent, while after the second ligature, cutting off also the inhibition of von Bezold's ganglia, the ventricle, actuated by Bidder's ganglia alone and unopposed, again commences to beat.

According to Gaskell and Englemann, the nerve-ganglia do not play any part in the movements of the frog's heart. According to their ideas the sinus sends out impulse-waves through the muscular structure of the heart. When the first Stannius ligature is applied it blocks the waves running from the sinus to the right auricle. Here the sinus continues beating, but the remainder of the heart is quiet. If, now, you tie a ligature in the auriculo-ventricular groove of this quiescent heart, then the ventricle beats. The ligature or compressor at this point is said to stimulate the ventricle.

Extracardiac Nervous System.

The extracardiac nervous system is composed of the cardiac branches of the *vagus,* together with the cardiac branches of the *sympathetic.*

The Vagus.—The superficial origin of this nerve is from the groove between the *inferior olive* and the *restiform body.* It leaves the skull by passing through the middle compartment of the jugular foramen, presenting, immediately after its exit, an enlargement known as the *gangliform plexus.* The accessory portion of the spinal accessory nerve joins this ganglion, while the hypoglossal nerve winds around it in a spiral manner.

As has been previously stated, the immediate cause of the *rhythmical contractions* of the heart lies in the protoplasm of the muscle-cells themselves, but that the *rate* and *force* of its beats are influenced by impulses reaching it through the central nervous system. The effects of these impulses are twofold: *inhibition,* or diminution in the rate or force of the heart-beat, and *acceleration,* or increase in the rate or force. Both the inhibitory and accelerator centers are located within the medulla, fibers from which leave the cranium and reach the heart. Of these efferent fibers of the vagus, the inhibitory ones are most prominent and come from the spinal accessory.

However, there are accelerator fibers which take their origin in the medulla oblongata and then descend in the spinal cord, emerge by the anterior roots to the stellate ganglion or first thoracic, then by the annulus of Vieussens to the inferior cervical ganglion of the sympathetic, and then to the heart.

Knowledge of the presence of inhibitory fibers in the vagus is due to the investigation of the Weber brothers, who, about fifty years ago, demonstrated their presence in the vagus of the frog. They showed that stimulation of one or both produces slowing or complete stoppage of the beats of the heart. Stimulation not only inhibits the heart's action, but also modifies it in that the force of the contraction

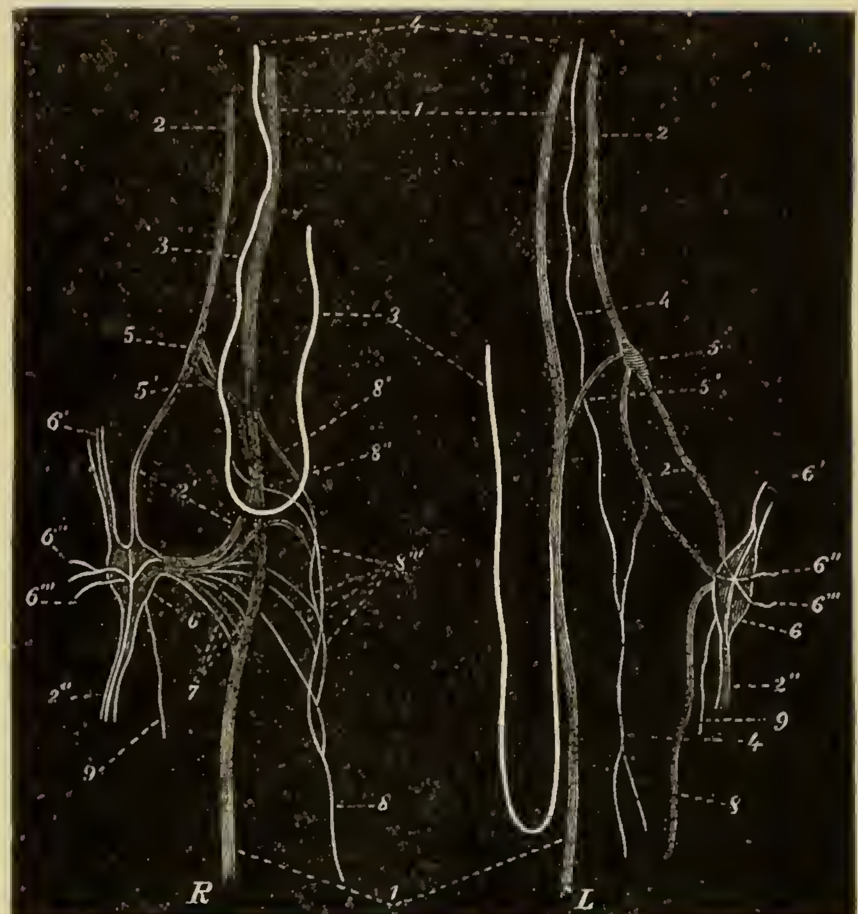

Fig. 35.—Cardiac Plexus and Stellate Ganglion of the Cat. (LANDOIS.)

R, Right. *L*, Left ($\times 1\frac{1}{2}$). 1, Vagus. 2′, Cervical sympathetic and in the annulus of Vieussens. 2, Communicating branches from the middle cervical ganglion and the ganglion stellatum. 2″, Thoracic sympathetic. 3, Recurrent laryngeal. 4, Depressor nerve. 5, Middle cervical ganglion. 5′, Communication between 5 and the vagus. 6, Ganglion stellatum (first thoracic ganglion). 7, Communicating branches with the vagus. 8, Nervus accelerans. 8, 8′, 8″, Roots of accelerans. 9, Branch of ganglion stellatum.

and the income and output of the ventricle are diminished. The number of ventricular and auricular beats are not in unison, the latter very often being more frequent.

It makes no difference whether one irritates the center of the pneumogastrics, their trunk, or peripheral ends within the heart, the same result follows: there is a diminution in the number of the heart-beats. A tap upon the abdominal wall is able to throw the pneumo-

gastric into greatly increased action; so that the heart is often stopped and death ensues. In this case the sympathetic nerves convey the impression up the spinal cord to the center of the pneumogastric in the medulla. From the medulla the impulse is sent down the inhibitory fibers of the pneumogastric, which cause arrest of the heart. The arrest occurs always in diastole, never in systole.

All of the sensory nerves of the body have a reflex relation to the pneumogastrics. Even pinching the skin of some fishes is sufficient to stop the heart. Irritation of the branches of the fifth nerve in the

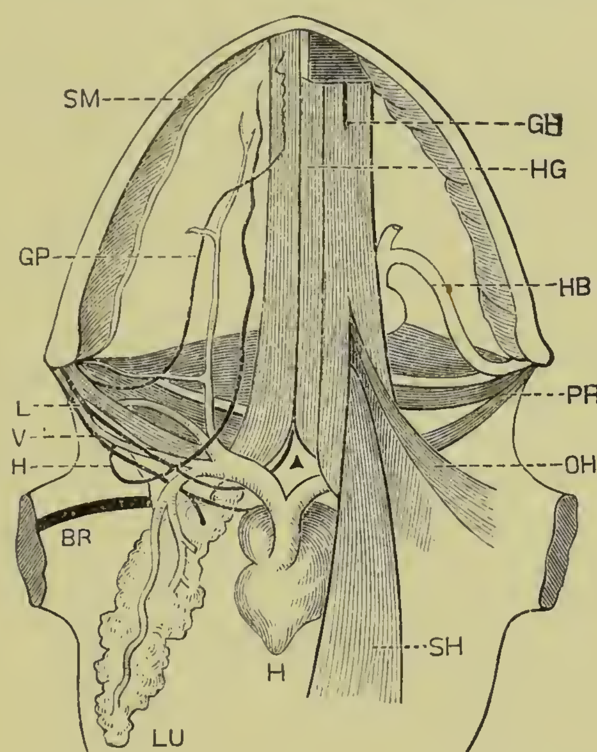

Fig. 36.—Course of Vagus Nerve in Frog. (Stirling.)

SM, Submentalis. *LU*, Lung. *V*, Vagus. *GP*, Glosso-pharyngeal. *HG*, Hypoglossal. *L*, Laryngeal. *PH*, *SH*, *GH*, *OH*, Petro-, sterno-, genio-, and omo- hyoid. *HG*, Hypoglossus. *H*, Heart. *BR*, Brachial plexus.

rabbit by ether and other vapors can stop the heart. There are reasons to believe similar results can occasionally be obtained in man.

Swallowing Fluids.—Experimenters have demonstrated that swallowing interferes with or even may abolish for a short time the cardio-inhibitory action of the vagus. By reason of this the pulse-rate is greatly increased. *Sipping* a wineglassful of water will raise the pulse-count 30 per cent. In this way water can be made to behave as a powerful cardiac excitant. The course of the impulse is along afferent fibers of the nerves supplying the œsophagus to the cardio-inhibitory center, whose tonus is reduced.

Stimulation of the vagus always produces the same result—inhibition—no matter at what point in its course the nerve be stimulated.

If the pneumogastrics be *divided* in the neck the heart runs with great rapidity. This is due to the removal of the inhibitory power, which comes from the center located within the medulla. A brake, as it were, is taken from the heart, so that all restraint is removed.

Inhibition is not perceived immediately after the application of the stimulus. There is present a distinct latent period which precedes the inhibitory effects. Various conditions may modify the length of this period, but the average duration is one or two beats. The stimulus is applied to either side, though the right vagus seems to be more susceptible; when the stimulus is strong enough to cause

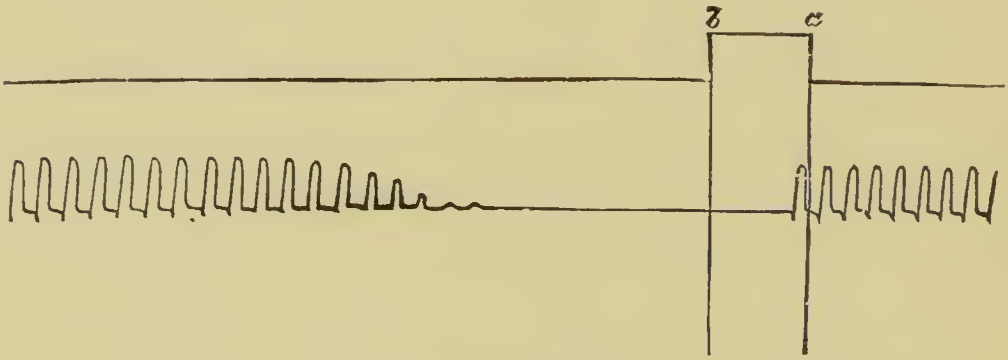

Fig. 37.—Tracing by Lever Attached to Frog's Heart on Stimulation of the Pneumogastric Nerve. (FOSTER.)

a-b shows time of stimulation by electricity. As the tracing shows, the heart's movements were arrested for some time.

complete stoppage, this condition is the result of lengthening the diastole, the most usual occurrence.

PECULIARITIES.—Some of the points of peculiarity of the vagus and its action are: 1. The heart is arrested in diastole; so that the slowing depends upon the period of diastole. 2. The irritation of one nerve alone acts upon the two sets of inhibitory ganglia in the heart by reason of association fibers. 3. After the arrest of the heart by excitation of the vagus the heart begins its contractions first in the auricles. 4. The inhibitory fibers in the vagus come from and represent the accessory portion of the spinal accessory.

Experiments upon rabbits and other animals have revealed the presence of a nerve which is an afferent branch of the vagus; that is, impulses are carried along its fibers from the heart to the deep origin of the vagus to be carried to the main vasomotor center. This nerve is termed the *depressor,* and takes its source partly from the vagus and

partly from the superior laryngeal nerve. After division, if its distal end be stimulated no effect is produced upon the heart; if, on the contrary, the central end be stimulated, immediately the blood-pressure falls, while the heart-beat is not affected. This nerve terminates in the endocardium. It reduces the arterial tension by inhibiting the tonus of the vasoconstrictor center, which allows the abdominal vessels to dilate, which are innervated by the greatest vasoconstrictor nerve in the body—the splanchnic.

Accelerators.—When they are irritated they not only accelerate the beat of the heart, but also increase the force, causing a greater output of blood.

The accelerators apparently have less powerful functions, for when the inhibitors and they are simultaneously irritated the effect

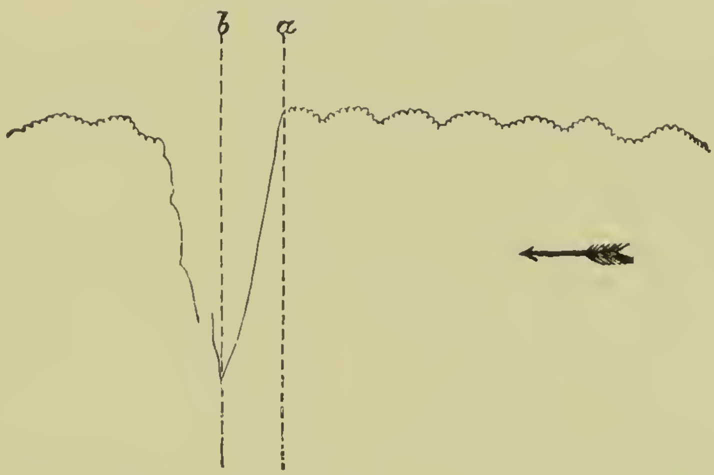

Fig. 38.—Manometer Tracing from Rabbit, on Stimulation of the Pneumogastric Nerve. (Foster.)

a-b represents time of stimulation.

is *inhibition.* The phenomenon is less, however, than if the same inhibitors had been stimulated by themselves. Aside from their great and primary differences as to the effects produced, the accelerators differ in that they require a greater intensity of stimulus to produce any results; also in that a comparatively long latent period precedes every effect. In every respect the accelerators seem to be directly opposite to the inhibitors. They are the antagonists of the inhibitors.

When the accelerator fibers are *divided,* the rhythm of the heart remains *unchanged.* This proves that the accelerator center is not constantly in a state of tonic excitement. When, however, the peripheral ends of the accelerators are stimulated by a faradic current, the heart becomes accelerated in action.

Ludwig holds that the reduction of blood-pressure in the capillaries of the brain, but particularly those of the medulla, excites the accelerators. Exhilarating emotions and diminished blood-pressure also throw them into activity. Oxygen is an accelerator. When the heart beats rapidly from any agreeable cause, or one feels "light at heart," the manifestation is due to the influence of the accelerator fibers on the heart.

The sympathetic fibers which pass to the heart are *nonmedullated,* having lost their medulla in the various ganglia through which they

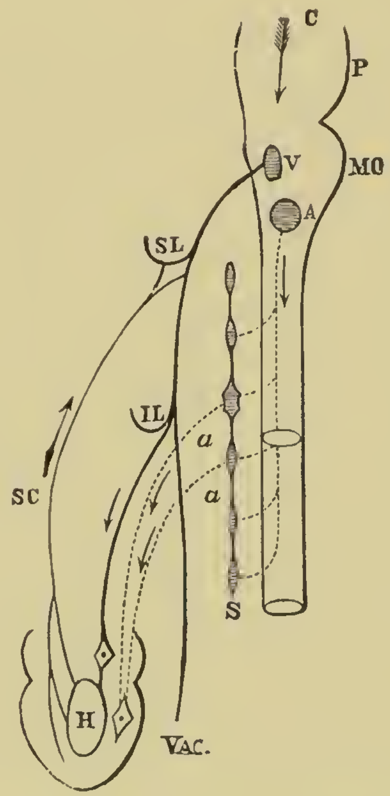

Fig. 39.—Scheme of the Cardiac Nerves in the Rabbit. (LANDOIS.)

P, Pons. *MO*, Medulla oblongata. *Vag.*, Vagus. *SL*, Superior laryngeal. *IL*, Inferior laryngeal. *SC*, Depressor or superior cardiac branch. *IL-H*, Cardio-inhibitory. *H*, Heart. *a*, *a*, Accelerator fibers. *S*, Cervical sympathetic.

pass. In this respect they are in direct antagonism to the inhibitory fibers, whose course can be ascertained by the histologist in his microscopical anatomy of the pneumogastric. The augmentor center is in the medulla oblongata.

Thus, the heart is controlled by two nerves whose functions are diametrically opposite in character. They establish a system of "check" upon one another, each normally preventing extremes in the action of the other.

Influence of Drugs.—Because of the complicated action of various drugs upon the heart, many observers are led to believe that there are various internal mechanisms of the heart upon which these substances act. Besides acting upon the muscular tissue, some are found which exert influences upon the intracardiac ganglia. The two drugs that are most familiar to the physiologist and those with which he is most engaged in performing his experiments are *atropine* and *muscarine.* Their actions are both nervous. Thus, atropine paralyzes the inhibitory ganglia, thereby giving the accelerators full sway, the consequence being augmentation of the heart's beats. On the other hand, muscarine stimulates permanently the inhibitory ganglia, so that the heart-

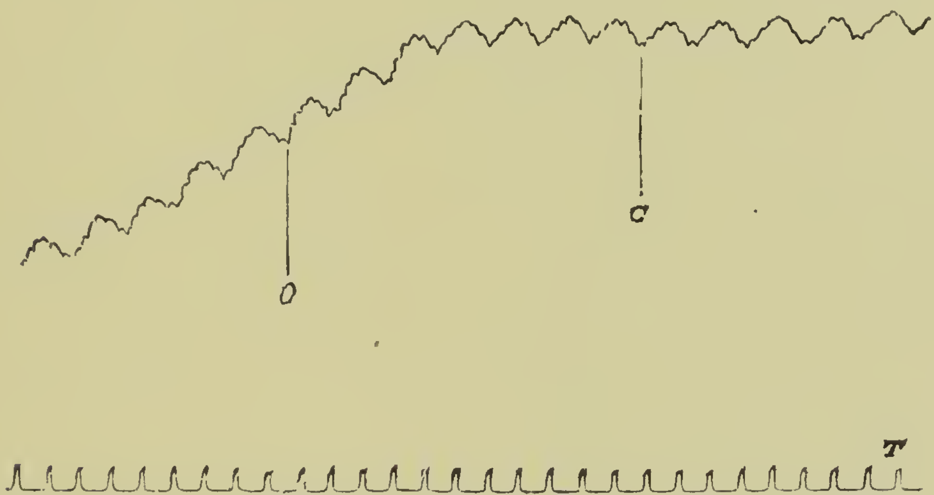

Fig. 40.—Blood-pressure Tracing Obtained by Stimulating the Depressor Nerve in a Rabbit. (FOSTER.)

C-O represents time of stimulation. *T* represents seconds.

beats are slowed, or, if the dose be large enough, complete arrest of heart movement follows.

If a frog's heart be excised and placed in a suitable vessel with a few drops of a very dilute solution of muscarine placed upon it, its beats soon cease and will continue quiescent as long as the muscarine remains upon it. When the muscarine is removed and atropine applied to the heart, its regular beats manifest themselves within a short time.

Some drugs produce results by their effects upon the heart-muscle alone, either *stimulating* or *depressing* the same. Thus, the muscular contractions are rendered more forceful while the rate is uninfluenced by the action of digitalis, strophanthus, etc. The muscular contractions are depressed by veratrum, aconite, etc.

In addition to drugs influencing the heart's action by effects upon its muscle and ganglionic nerve terminations, some exert an influence upon the vagus center in the medulla oblongata. Thus, aconite, digitalis, and adrenalin, by stimulating this center, produce a slowing of the heart-beats.

Some heart-poisons in small doses diminish the heart's action and in large doses usually accelerate its movements; or the reverse may be the truth with regard to the doses of other drugs.

Effect of Stimuli.—If in a frog's heart the Stannius ligature be applied around the heart at the junction of the sinus with the auricle, the auricle and ventricle stand still in diastole. If now to this heart a series of slow induction shocks be applied, it will be found that after the first contraction there is a gradual increase in the height of the contraction, making what is called the staircase phenomenon of Bowditch. Although the strength of the electrical current was the same, yet it seems that the heart by its own contraction increases its excitability. With a weak induction current the apex produces as strong a contraction as a strong current would do. That is, a weak induction current either does not produce a contraction or, if it does, it is the very best it can do. It is all or nothing for the heart's contractions. In this staircase of beats each contraction, although maximal inasmuch as it is the full effect of which the muscle is then capable, is a little greater than the preceding contraction.

Nutrition of Frog's Heart.—For the heart to continue beating it must be fed. To do this a liquid is perfused through the cavity of the frog's heart. This liquid must contain a right proportion of sodium chloride, calcium salt, and a potassium salt. If the solution of sodium chloride, potassium chloride, or calcium chloride, with sodium bicarbonate in distilled water, is charged with oxygen it will keep an excised rabbit's heart beating for twelve hours. The presence of proteid in it does not seem necessary.

THE ARTERIES.

All vessels *leaving* the heart are *arteries*. From it proceed the aorta and pulmonary artery, the former from the left, the latter from the right ventricle. All of the branches of the arteries continue to divide to form smaller arteries, these in turn become arterioles, which are followed by capillaries (hairlike vessels). To cause as little friction as possible the branches are almost uniformly given off at an acute angle; the total area of the cross-sections of the branches is usually greater than the sectional area of the original trunk from

which sprung the branches. As the distance from the source is increased the area supplied by the branches is increased also, giving the general impression of a cone in its contour; its base is outlined by the capillaries, its apex being represented by the point from which the branch springs from the parent trunk.

The pulmonary artery arises from the right ventricle in front of the origin of the aorta under whose arch it very shortly passes, then to divide into two main branches, one for each lung. Within the lung-substance they divide and subdivide very rapidly to form numerous capillaries whereby the blood may become thoroughly oxidized.

Because of the considerable amount of muscular and elastic fibers present in the walls of the arteries, they (unlike veins) are usually found empty and dilated after death.

Arterial Structure.—The walls of the arteries are composed of three coats: an internal one of endothelial nature, the *tunica intima;* a middle coat of muscular fibers, *tunica media;* and an external, cellular coat, *tunica adventitia.*

Tunica Intima.—The tunica intima of the arteries is the thinnest coat and the most transparent and elastic. These properties permit the caliber of the artery to be enlarged without any great danger of rupturing its walls. It is composed of three different structures: (1) an epithelial layer, the endothelium, which consists of elliptical cells; (2) a subepithelial layer, which is composed of connective tissue with branched cells; (3) an elastic layer.

By reason of its smooth surface there is very little friction in the rush of the blood-current.

Tunica Media.—It is composed of two varieties of tissue: (1) muscular and (2) elastic.

The unstriped muscular fibers run in a circular direction around the vessels. In the large arteries there is a predominance of elastic tissue; in the arterioles there is no elastic, but muscular tissue. The contractility of the arteries depends upon the muscular tissue. Where there is an excess of elastic tissue there is very little muscular tissue in the blood-vessel, and where the elastic tissue is at a minimum there is a maximum of muscular tissue.

Tunica Adventitia.—This coat is composed of bundles of connective tissue with some elastic tissue.

Vasa Vasorum.—Like every other tissue, the wall of the vessels needs nutritive supplies. This is furnished by small capillaries which run only in the tunica adventitia of the blood-vessel. To these vessels has been given the name of vasa vasorum.

VEINS.

Like the arteries, veins are branching tubes; but they are larger, more numerous, and as a consequence have more capacity to hold blood. Veins have their beginning in the capillary vessels and by gradually uniting form themselves. These small veins unite to form larger ones, the venæ cavæ, which empty into the right auricle. The veins have about three times the capacity of the arteries. The veins consist of a superficial and deep set, the former not associated with the arteries and being subcutaneous, the deep set usually running along the side of the artery and hence called venæ comites. Anastomoses between the veins of the large size are more frequent than in the corresponding arteries. The veins, like the arteries, have an external, a middle, and an internal coat. The coats of the veins are much thinner than arteries, and when divided collapse, while the artery, divided, stands open. The walls of the veins are inelastic, because they have no elastic tissue.

Valves.—The chief feature of the veins are the valves, which are so arranged as to prevent the blood from flowing backward. The valves ordinarily are in pairs opposite each other and are formed of crescent-shaped doublings of the lining membrane of the veins, with some interposed fibro-elastic tissue. The valves are directed toward the heart. If a vein is compressed the blood is driven back and presses the valves inward and closes the vein. The pulmonary veins contain no valves, and the same may be said for the superior and inferior venæ cavæ, the portal vein, and most of those of the head and neck. The veins of the lower extremities contain more valves than the corresponding vessels of the upper extremity. In certain organs channels are seen lined with an extension of the internal coat of the vein, which are called venous sinuses, as in the dura mater and uterus. Vasa vasorum are also distributed to the veins. In the coats of both arteries and veins are lymph-spaces.

The nerve-supply to the arteries is liberal, to the veins much less so. The supply is derived chiefly from the sympathetic system, with a few filaments from the cerebro-spinal system. Upon the larger vessels these nerves form plexuses with ganglia at frequent intervals.

THE CAPILLARIES.

The smallest arteries suddenly divide into an extremely fine network of hairlike tubes, the capillaries. These furnish the connecting link between arteries and the beginnings of veins. They serve as this intermediate agent in all structures, between the arteries and the veins.

Each capillary tube is from $^1/_{2000}$ to $^1/_{3000}$ inch in diameter, while it averages $^1/_{30}$ inch in length.

Capillaries are composed of the same kind of endothelial cells that the intima of the arteries is; in fact, the capillaries seem to be the prolongations of the lining of the arteries. Their walls are made up of a single layer of lance-shaped endothelial cells. In the wall of the capillary between the cells we find the cement-substance which permits the blood-corpuscles to penetrate it in diapedesis. These little vessels penetrate the spaces between the cells of the tissues in such a fine network that many of the cells are in contact with several vessels. So closely arranged are they that the point of a very fine needle cannot enter the skin without injuring some of them. The total capacity of the capillaries is about three hundred times that of the arteries, so that in them much of the blood-pressure is lost, but normally there always remains sufficient to maintain a steady movement.

THE CIRCULATION OF THE BLOOD.

The physicians and naturalists of antiquity, even at the epoch when they were permitted to get enlightenment from anatomy, remained in ignorance of the *circulatory movement* of the blood. The circulatory apparatus is not one of those the mere inspection of which could reveal its function; in fact, when viewed in a cadaver illusions are very apt to rise. In it the arteries are empty and show a gaping cavity when incised, so that they were thought to contain air or some *subtle spirit*, the latter taking its origin in the ventricles of the brain to, in some unaccountable manner, reach the circulatory system. To them the name artery was given, since the veins alone were believed to be the true blood-vessels. Such was the opinion entertained by men who lived in the fourth and fifth centuries before the Christian era.

In the second century of our era Galen discovered, by means of vivisections, that the arteries contain blood. He even admitted that the arteries communicated with the veins. But, as if to pay his debt to error, he professed that the two hearts are in communication with one another through numerous apertures which riddle the septum which separates the two. For nearly fourteen centuries the opinions of Galen had inviolate authority, when it was finally ascertained by Vesalius that the separating septum was *not* perforated. It was Michael Servetus who, in a theological work, clearly pointed out the passage of the blood from the right heart to the left through the *pulmonary blood-vessels.* His system was true, but not based upon experiment, since he knew nothing of the heart's force and valves.

In was in 1628 that William Harvey published his immortal discovery of the circulation of the blood. True, a great deal had been suspected and there abounded a perfect chaos of confused and scattered facts. He established by numerous and admirably interpreted experiments his doctrine of the two circulations: *great* and *small.*

To-day it would be superfluous to recall all of the arguments which Harvey had to make use of to prop up that doctrine. Therefore there will be stated here only some of his experimental proofs, the interpretation of which appear easy to us in the light of our present knowledge.

When an artery is opened, said Harvey, the blood issues in unequal jerks, alternately weaker and stronger. The stronger coincides with *diastole* of the *artery* and consequently with ventricular *systole.* Also, if an artery of a living animal be cut across, the blood continues to gush by jerks from that end of the vessel still in communication with the heart, whereas it soon ceases to flow from that severed end which is more remote from the central organ.

When the arm is bound, as for bleeding, the veins swell up below the ligature to become knotty on a level with their valves. If force be attempted to press the blood away from the heart, the knots become more marked; on the contrary, if the blood be pressed toward the heart, it passes freely. From this Harvey deducted that the direction of the venous blood is from the periphery to the heart.

When an artery is obstructed, the blood accumulates between the heart and the obstacle; on the contrary, the accumulation in the case of a vein is between the obstructed point and the general capillaries. In the arteries, therefore, the blood flows *from* the heart to the extremities; in the veins, from the extremities *toward* the heart.

If an artery be completely severed and the animal's blood be permitted to flow, all of its blood will eventually pass through the opening. Would this occur if there were not a continual passage of the blood from the heart to the arteries, then to the veins, and finally to the heart again; that is to say, a true circulation?

This great physiologist also observed that if poison be injected at but a single point there will follow a general constitutional disturbance, explained only by the movement of this vital fluid throughout the entire body.

To be able to ascertain by vision the direct passage of the blood from the arteries into the veins was not allowed Harvey. It was left to Malpighi, who, in 1661, while examining the lung and mesentery

of a frog with the aid of a microscope, was able to note the circulation of the blood in the capillary blood-vessels. The spectacle of capillary circulation within the web of a frog's foot or tail of a tadpole is within the reach of every student. Harvey was denied this from lack of lenses powerful enough to demonstrate it.

Now that the general plan of the circulation has been noted, attention is naturally turned toward the principles governing the flow of the blood. The mechanical act of impulsion can be readily imitated by physical apparatus, but physics do not account for a certain part of the body receiving blood, now more, now less, abundantly; becoming congested or pale, warm or cold; and at the same time the impetus remaining perceptibly the same.

By employing a simple piece of apparatus, designed by E. H. Weber, the main, simple, physical phenomena of the circulation may be simulated. To imitate the Harveian circuit, take a piece of small intestine, sufficiently long, joining the two ends so that there is formed a closed and circular conduit. A part of this elastic conduit is limited by two valves which open according to the direction it is desired that the current of liquid should go. The arrangement of the valves is such that all backward flow is prevented. On filling the apparatus

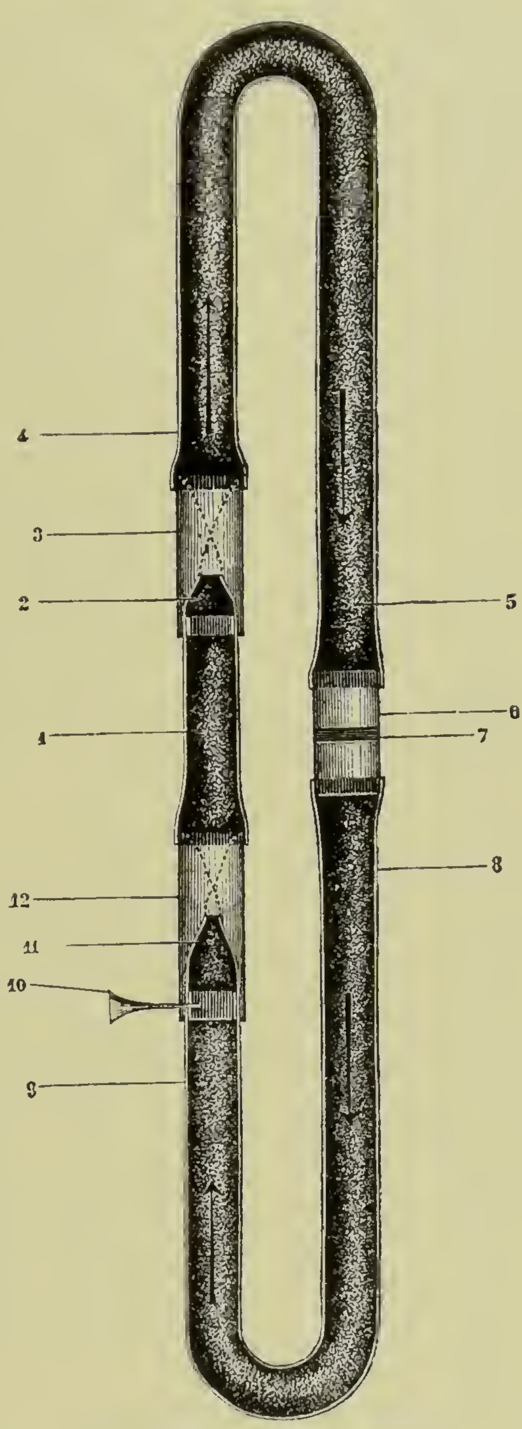

Fig. 41.—Weber's Schema.

4-5 and 8-9 are two pieces of intestine of the same size. 6, A piece of glass tubing. 11 and 2, Two wooden tubes. 1, A short piece of intestine. 3, 12, Valves which open only in one direction. 1 represents the ventricle. 10, A funnel to let water enter the schema. 4-5, The arterial system. 8-9, The venous system. 7, A sponge representing the capillaries. 3, The semilunar valve. 12, The auriculo-ventricular valve.

with water by means of a funnel, it is ready for operation. When any portion of this elastic conduit is squeezed the liquid immediately beneath the point of pressure attempts to escape. This it can do only in one direction (because of the valves), thereby producing a forward motion of the liquid. With each compression there follows a corresponding wave, so that if the compressions be numerous enough the liquid will move round and round within the conduit. This represents only very imperfectly the circulation of the blood; in the living apparatus the impulse of the heart is not at the end of the venous system.

From the operation of even so simple a piece of apparatus, it cannot but be noticed that the circulation depends upon a *difference* of *tension*. Liquids always take the direction of the pressure. The obstruction offered to the blood in the presence of the capillaries has a tendency to increase arterial tension at the expense of venous pressure. The narrower and more difficult the capillaries to be traversed are, the greater is arterial pressure, or *vice versa*. The prime cause of difference of pressure is ventricular contraction, aided, however, by elasticity of vessels.

CIRCULATION IN THE BLOOD-VESSELS.

This field of physiology presents problems of a physical nature, in that the flow of the liquid, blood, is through tubes. But it must be remembered that the tubes employed in the circulation are living, more or less elastic ones, and that physical laws are correspondingly altered.

The analogy between the nervous system and the telegraphic system is a very striking one, and is much used by physiologists and others. Even more forceful is the analogy between the circulatory system and the system of water-supply of a town or city, except that there is no return of the latter's fluid to the starting-place. The water starts upon its flow from the elevated reservoir to pass through large mains at first and is distributed through branches that become smaller and smaller as they subdivide on their way to different houses. Likewise, the blood starts from the centrally located, pumping heart, passes through large trunks at first, to be distributed through branches that become smaller and smaller as they subdivide on their way to different tissues. In short, the physical laws of the circulation are the modified physical laws of the flow of liquids through tubes. From this it will be readily deduced that a competent knowledge of the laws of circulation must be preceded by some knowledge of physical

laws. These will be referred to from time to time in the treatment of the present subject.

The flow of liquid is caused by a difference of pressure between the different parts of a mass of liquid. The attraction of the earth (gravitation) provides a continuous pressure which will produce a flow of liquid along channels or through tubes, provided the source be elevated and the outlet low.

The circulation through the heart-vessels is also caused by a difference in pressure due to the primary propelling force of the heart-action. That is, the pressure in it exceeds that of the arteries; the latter's pressure, kept high by the heart's force and peripheral resistance, is greater than that in the capillaries. Though that exerted in the capillaries is small, it is yet in excess of that existing in the veins. The lowest pressure is found in the blood about to enter the heart after having first made its circuit through the body-tissues. The direction of the flow of any liquid is always from the higher pressure toward the lower; therefore the flow of blood within the body is from the heart around through the body back to the heart again; that is, it *circulates.*

ELASTICITY OF THE ARTERIES.

It is known that the blood is sent out by the heart in an intermittent manner, each contraction of the ventricle pushing a mass, as the stroke of the piston of a force-pump would do. If, however, the movement of the blood in the capillaries is observed with a microscope it is ascertained that in the normal state it is perfectly continuous. The movement of blood has been transformed in its course from the heart to the extremities. This transformation of the movement is due to the elasticity of the arteries. Hydraulics had ascertained this remarkable effect of elasticity in fire engines, for example; the water from the machine is rendered less jerky by running liquid under a bell filled with air; the elastic force of the gas thus compressed transforms the brief and intermittent impulsion of the stroke to a continuous stream.

Intermittent Afflux Apparatus.—Marey has experimentally demonstrated that, in the case of *intermittent afflux* of liquid in a conduit of a given caliber, the elasticity of that conduit increases the quantity of the liquid that can penetrate there under a given pressure.

Suppose a force-pump, from which runs a tube furnished with a stop-cock; a tube which bifurcates at a point to be continued by two conduits of the same caliber. One of these is made with elastic walls

(C), the other with rigid walls *(B)*. A valve placed in the elastic tube prevents the liquid from flowing back from the tube, but offers no obstacle to its direct current. Two lips of the same caliber are fitted to the ends of the two tubes.

When the stop-cock is opened and the outflow is permitted to establish itself in a continuous manner, both the rigid and elastic tubes pour out the same quantity of liquid. If, on the contrary, the stop-cock be opened and shut alternately so as to produce an intermittent access of the liquid, the outflow is greater through the elastic tube than through the rigid tube.

The blood-circulation being of the intermittent afflux order, the arterial elasticity is favorable to the entrance of the blood thrown off by the heart. By the vessel elasticity there is produced a diminution

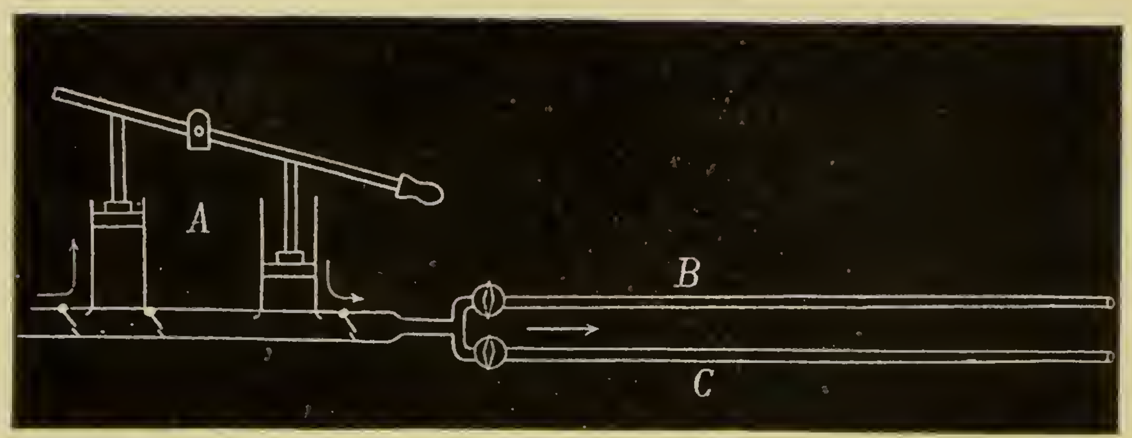

Fig. 42.—Marey's Intermittent Afflux Apparatus. (Lahousse.)
A, Force-pump. *B*, Tube with rigid walls. *C*, Tube with elastic walls.

of the resistance the liquid meets with. The so-called "friction" will be much slighter; so that the heart will be able to send out from its ventricles a great quantity of blood with much less expenditure of force.

The circulation in the arteries is under the dependence of two very important properties of these vessels: *elasticity* and *contractility*. The nature of the movement of the blood has, therefore, been transformed in its course from the heart to the extremities. It is now known that this transformation is due in the main to the *elasticity of the arteries.*

Each new entrance of the blood into the arterial system must necessarily be accompanied with a dilatation of the whole vascular tree. As soon as the three ounces of blood which has been ejected from the left ventricle has penetrated into the aorta, as it flows through the

capillary system there results a contraction of the whole arterial system until the moment when a new output of blood arrives.

It has been ascertained experimentally that the arterial vessels are much more elastic in the direction of their axis than in their transverse diameter. It is in the former direction then that increased capacity of the arteries will especially occur. When the trunks of the arteries are of considerable extent the elongation may become apparent to the naked eye, as in the temporal artery, while there will not seem to exist any increase in the transverse direction of the same vessel.

According to Weber, the principal rôle of arterial elasticity is to establish, between the arterial and venous tensions, a *difference* which is indispensable to the movement of the liquid within the circulatory apparatus. In addition, the uses of vascular elasticity may be said to be twofold: On the one hand, it saves the heart a considerable display of force; on the other, it furnishes the small vessels with a continuous and constant flow of blood.

Next in importance to the elasticity of the vessels is the power of *contractility*, by which the caliber of a vessel is changed and the supply of blood to any part or organ of the body altered. This property co-operates with elasticity, so that the lumen of any given vessel is proportionate to the pressure exerted. Were it otherwise, at some times the pressure would be too small, at other times too great, for the quantity of inclosed blood. The power of contractility is very prominent in the small arteries.

THE PULSE.

At each ventricular systole the ventricular contents are forced into the arterial system, but, because of the high peripheral tension, they are unable to pass along as a unit. In fact, the artery just beyond the heart becomes distended because of this influx, but by virtue of its elasticity strives to regain its normal caliber, thereby giving to the blood *some* motion. The main impetus to the blood is given by the succeeding systoles, until the smaller arteries are reached, when the vascular elasticity asserts itself more, and so helps along the blood-stream. By this means is the blood caused to circulate. If the vessels were inelastic, just as much blood would be forced out of the veins into the heart again as the heart at each beat injects into the arteries. Though the blood in the elastic vessels of the body cannot move freely as in the inelastic tubes, yet there is propagated at each ventricular systole a *wave* which runs to the periphery of the body.

This wave is not an actual movement of the particles of the blood, but a *transmission* of the *impulsion of the heart throughout the length of the arterial tree.* To this wave has been given the name *pulse.* This impulsion moves very swiftly without the liquid itself participating in that swiftness. This wave travels 28 $^1/_2$ feet per second. When a systole of the heart is revealed by a beating of the radial artery, there is not, at that moment, under one's finger a single drop of the blood thrown off by the last systole. There is only the *movement* of that blood which is transmitted by the continuity of the liquid. The pulse may be compared to a wave produced by throwing a stone into a pond.

The three factors concerned in the production of the pulse are: (1) the action of the heart, (2) the elasticity of the large vessels, and (3) the resistance of the smaller arteries and the capillaries.

The pulse is really a shock, perceptible to the touch at each increase of the arterial tension, and produced by successive affluxes of the blood which the heart throws off.

In order to perceive that shock, the vessel must be pressed by the finger so as to make it lose its cylindrical form at that point. By reason of the dilatation of the vessel, the finger is raised at that point. That is, one perceives the pulse. As there may exist various changes in the arterial tension, so there may be various types of pulse. Variations are, for the most part, pathological, and so may be considered to be outside of the domain of physiology.

When the physician feels the patient's pulse he gains valuable information as to the condition of the heart and vessels. The examination of the characters of the pulse is usually confined to that portion of the radial artery which lies in the wrist. Here the artery is covered only by skin and subcutaneous tissue, while in addition the shaft of the radius forms a bony support against which the artery may be compressed by the fingers. From the pulse are noted the following points: *Force, rate,* and *fullness.*

While such *main* features of the pulse were able to be depicted by experienced finger-tips, it was felt that there was still very considerable that the pulse told could it but be translated.

Everyone has seen the movements produced in a limb by reason of the pulsations of the popliteal artery, when one leg is kept crossed over the knee of the other. The leg in this position represents typically a lever of the third class.

One observer conceived the idea from this phenomenon that the pulse can be very accurately studied by using a very light lever so

attached that it will oscillate at each heart-beat. By virtue of a large arm to the lever the amplitude of the oscillations are so exaggerated that they can be readily seen by the naked eye and their movements graphically depicted upon smoked papers. The instrument capable of determining the various elements of the pulse and so depicting them that they can be studied at leisure has received the name *sphygmograph.*

The Sphygmograph.—The name whereby this instrument is known is derived from two Greek words which mean "to write the pulse." It does write, for to-day graphic records of the various features of the pulse are obtained by its use.

The essential feature of this instrument is its system of compound levers whereby the initial motion is multiplied about fifty times. The

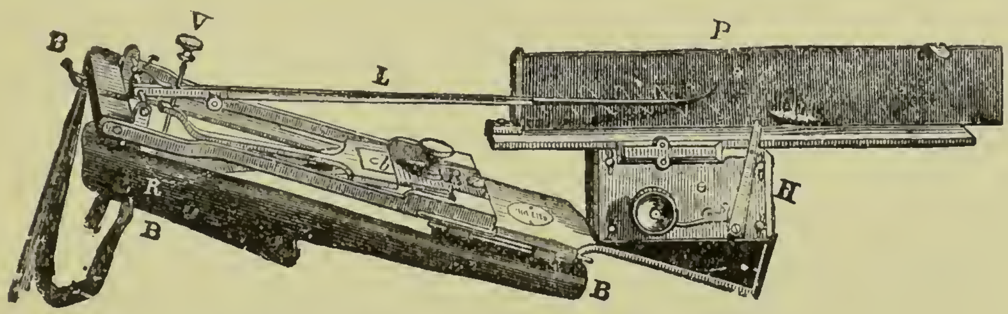

Fig. 43.—Marey's Sphygmograph. (YEO.)

The parts B, B, B are fastened to the wrist by the straps B, B. The remaining part of the instrument rests on the forearm. The end of the screw, V, rests on the spring, R, the button of which lies on the radial artery. Any movement of the button at R is communicated to V, which moves the lever, L, up and down. When in position the blackened slip of glass is made to move evenly by the clockwork, H, so that records the movements of the lever.

foot of these levers rests upon the skin over the artery whose tracing is to be taken. Motion is transmitted from it to the other end of the levers, where is inserted a recording needle.

The second feature of the apparatus is the recording instrument, composed of clock-work, which revolves a pair of small cylinders between which is moved a ribbon of blackened paper. The recording-needle's point rests upon this paper, correctly depicting there the various features of the pulse.

In addition, each instrument is provided with an apparatus by adjustment of which the pressure is so regulated that the best record may be obtained. The graphic record, or pulse-tracing, is known as the *sphygmogram.*

The main features of the sphygmographic record are an abrupt ascent with a descent that is more gradual and wavy, representing the

rise and fall in pressure due to ventricular systole and diastole. The wavy appearance of the downstroke is due to the elastic recoil being more constant and of longer duration than the ventricular systole. The sudden upstroke represents very forcibly the sudden influx of blood into the aorta during systole, while the more gradual downstroke represents the slower fall of arterial pressure during diastole.

The line of ascent represents the dilatation of the artery by ventricular systole when the semilunar valves are forced open and the contents are projected into the artery. The top of the primary wave is pointed normally; so has received the term *apex*.

The more gradual downstroke is interrupted by *two completely distinct elevations* of secondary waves, though in the lowest part of the descent there may be several minor inequalities. The more distinct of the two occurs at about the middle portion of the line of descent. It represents the *dicrotic wave;* from its mode of origin it is sometimes called the "recoil wave." Between the apex and the dicrotic wave occurs the *predicrotic,* or *tidal, wave,* while below the

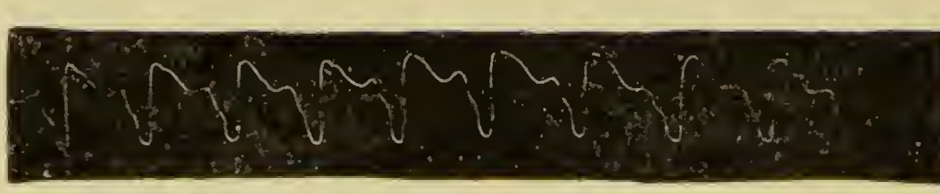

Fig. 44.—Tracings Recorded by Marey's Sphygmograph. (Yeo.)

dicrotic wave occurs the *postdicrotic wave* (or waves, since there are very frequently several).

The line of ascent and the predicrotic wave are caused by systole, while the dicrotic wave takes place during diastole. The postdicrotic waves are a result of vascular tension.

Origin of the Dicrotic Wave.—At one time this wave was believed to have its origin in the periphery, but is now known to be caused as follows: By ventricular systole there is projected into the full aorta a mass of blood so that a positive wave is propagated from the heart toward the periphery, where it *becomes extinguished* among the smallest arterioles and capillaries. At the closure of the semilunar valves, the arteries from having just been distended begin to contract or recoil upon the contained blood, with the result that this newly exerted pressure sets it into motion in two directions: toward the heart and toward the periphery. In the latter direction the passage is free until the capillaries are reached; toward the heart the still closed semilunar valves are encountered with such force that

there results a recoil. This develops into a new positive wave, which gives the dicrotic wave in the sphygmogram.

THE CAPILLARY CIRCULATION.

From anatomy it was learned that, with but very few exceptions, blood passes into a network of very thin-walled and hairlike vessels, the capillaries; this network communicates with the finest radicles of the veins, so that it forms a connecting-link between the veins and arteries. Anatomically, the capillaries are distinguished from the arterioles by the absence of circularly arranged muscular fibers which the arterioles possess and by whose contraction, under vasomotor influence, their lumina are diminished. However, the caliber of the capillaries is subject to change also by reason of passive blood-pressure exerted upon their endothelial cells. The real cause of the blood-pressure in the capillaries is *ventricular systole;* but this is *modified* by the *caliber* of the *arterioles.*

It is in the interior of these hairlike vessels that fluid enters into contact with organic tissues for their nourishment and growth. The tissues in turn unload themselves of those effete and deleterious matters which represent the products of catabolic processes.

From these reciprocal actions between the tissues and the blood there result in the latter profound modifications after it has passed the capillary system. The blood now presents the destructive characters of venous blood.

Placed between the last ramifications of the arteries and the first radicles of the veins, the capillary system is blended with these two orders of vessels without the intervention of any transitional medium. The limits assigned to this system by anatomy are purely fictitious. Physiology would be greatly embarrassed if it had to determine the precise point where the vessels are no longer only organs of transport for the blood, but permit an exchange between the blood and tissues through their walls. The anatomist places the *length* of the capillary at *one-thirtieth of an inch.*

As previously stated, the capillary wall is formed entirely of a simple layer of endothelial cells. They are flat, lance-shaped cells joined edge to edge and represent the continuation of the intima of the arteries. The outlines of the cells with their lines of junction may be beautifully demonstrated by nitrate of silver staining. In the capillaries stained by silver there is here and there to be seen between the cells an increase in the amount of the intercellular substance. The

white blood-corpuscles when migrating from the blood-vessels pass between the endothelial cells.

Microscopical Examination.—When a thin and vascular membrane belonging to a *living* animal is placed in the field of the micro-

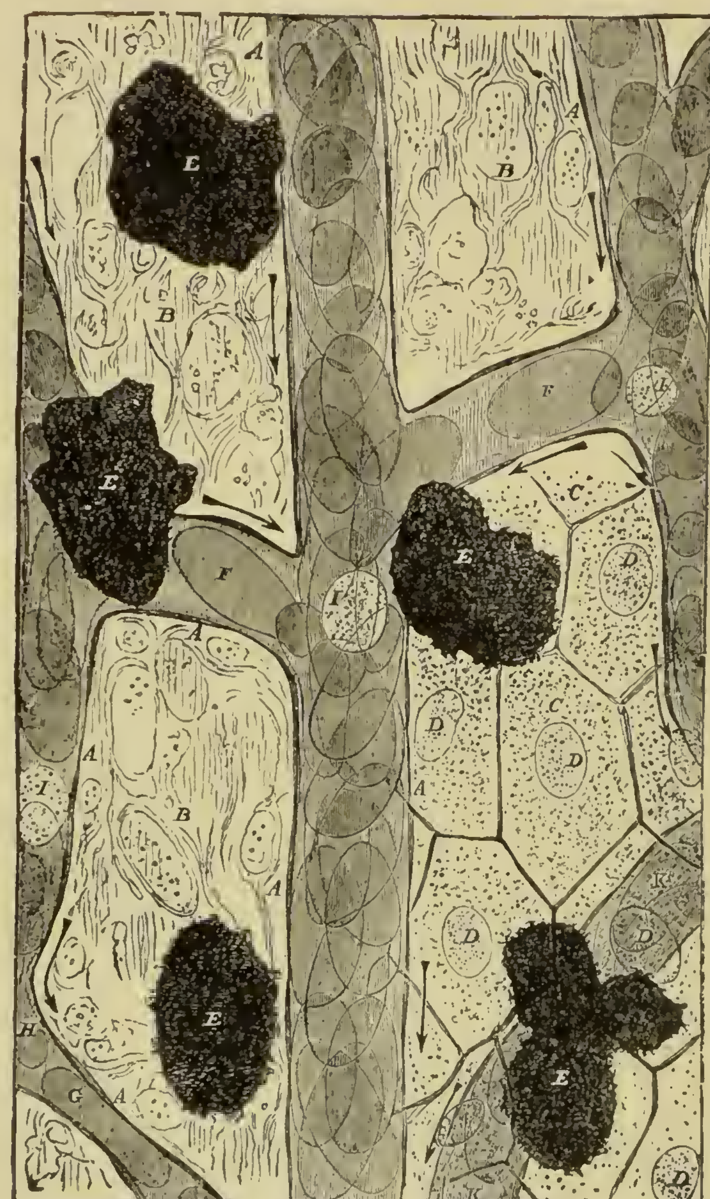

Fig. 45.—Frog's Web, Highly Magnified. (YEO, *after Huxley.*)

A, Wall of capillary. *B*, Tissue lying between the capillaries. *C*, Epithelial cells of the skin. *D*, Nuclei of epithelial cells. *E*, Pigment-cells, contracted. *F*, Red blood-corpuscles. *G*, *H*, Red corpuscles squeezing their way through a narrow capillary, showing their elasticity. *I*, White corpuscles.

scope, the admirable spectacle observed for the first time in 1661 by Malpighi is seen: *the blood is circulating in the capillary vessels.* For this examination frogs present several parts which are suitable: the interdigital membrane, mesentery, tongue, bladder, and lungs.

Differences in volume of the capillaries have much influence upon the movement of the blood in their interior. In the widest capillaries a rapid current takes place, and the corpuscles are carried along with a velocity which does not permit distinguishing their form clearly. In the smallest vessels, on the contrary, the corpuscles progress slowly. In fact, the slowness of the current and disappearance of the pulse are the chief characteristics of the capillary current. For, normally, the flow through the capillaries is in a *steady, constant stream.*

In the very smallest vessels the corpuscles are often at some little distance from one another. They seem to advance with difficulty and to rub against the walls of the vessels. According to many observers, the corpuscles are sometimes obliged to bend out of shape in order to traverse these narrow channels.

At other times, in the midst of the intricacy of the vessels and of the various directions of their current, two capillaries are seen to join a third. Corpuscles coming along the two vessels alternately pass into the single capillary, which receives them one by one and through which they pass in single file. Elsewhere may be seen a pile of corpuscles, distinct from each other, and all of which progress with the same swiftness. All hasten and slacken their pace at the same time. At other points a complete immobility is seen in consequence of some temporary obstruction or of the contrary direction of the current; then all at once the corpuscles start off again.

Except in the very smallest capillaries, it is noticed that the red corpuscles always move in the axis of the current, while on either side of this thread of moving cells there is noticed a transparent layer of liquor sanguinis which is almost perfectly still or possesses only slight motion. This layer, "Poiseuille's still space," where it is plainly discernible, occupies about one-fifth of the space on each side of the axial current, which occupies three-fifths of the lumen of the vessel.

Within the smaller blood-vessels the red corpuscles occupy the middle of the stream, where, in single file, they glide along with comparative rapidity; in larger vessels two or three may flow along abreast. Along the outer edge of the central thread of red blood-corpuscles move the white ones, many even getting into the space of Poiseuille. The motion of the white corpuscles is one of rolling, particularly when they are in the clear space next the vessel-wall or in direct contact with the latter, since they are sticky by nature. The contact of the rapidly moving axis current also assists in giving to the white corpuscles their rolling motion. Their motion is so slow at times that they adhere to the vessel-wall.

It has been demonstrated by physical experiments that particles of least specific gravity (white corpuscles) in all capillaries are pressed toward the wall, while those of greater specific gravity (red corpuscles) remain in the middle of the stream.

One of the characteristics of the capillary circulation is the *disappearance of the pulse.* Ordinarily this has been accomplished by the resistance which is offered to the current on its way to the periphery. When, for any reason, the arterioles are greatly *relaxed,* and there exists at the same time high blood-pressure, so much blood flows into the capillaries from the lessened resistance to its current that a distinct *pulse* passes along the capillaries to the veins. This pulse is characteristic of aortic insufficiency or in cases of atheroma of the arteries. In the latter condition the vessels become calcified and rigid and so behave physically as inelastic tubes.

Cause of Movement of Blood.—*The force of the heart transformed into arterial tension* is the real cause of the movement of the blood in the capillaries. This is not the only influence, for gravity can exert influences that are either favorable or opposed to the current of the blood.

Swiftness of Blood in the Capillary System.—Since very many conditions are capable of modifying the velocity of the blood-current, it is a very difficult task to ascertain the numerical valuation of that swiftness. If the time a corpuscle takes to traverse a course of a known length be measured under the microscope, a fairly accurate estimate can be made. Due allowances must be made for exaggerations from the magnifying power of the microscope.

It is thus estimated that the corpuscles traverse *2 inches per minute* through the capillaries in man.

BLOOD-PRESSURE—ARTERIAL OR VENOUS TENSION.

The blood-pressure within any vessel may be looked upon as the *stress* upon the inclosed liquid at the point of observation. Pressure of the blood has been placed before the student's attention quite frequently during the discussion of the circulation of this vital fluid. Its consideration has been but superficial, however, up to this point. The blood's pressure depends upon the two factors: the peripheral resistance and the force of the heart. The pressure in the circulatory system varies with these factors as variants. Pressure will be greater with greater heart-force or with greater peripheral resistance. The direction of flow is always from a point of higher to one of lower pressure.

The further the blood proceeds from that center of circulatory motive power, the heart, the less becomes the pressure exerted by it. It must be greatest, therefore, in the arteries emanating from the heart and least in those veins emptying into the right heart. The decrease is rather gradual along the vascular course until the venæ cavæ are reached; at their point of entrance into the heart the blood-pressure is frequently found to be negative; that is, below atmospheric pressure.

Thus, the arteries will be found to possess a pressure that is peculiar to them, as do the capillaries and veins in their turn. The

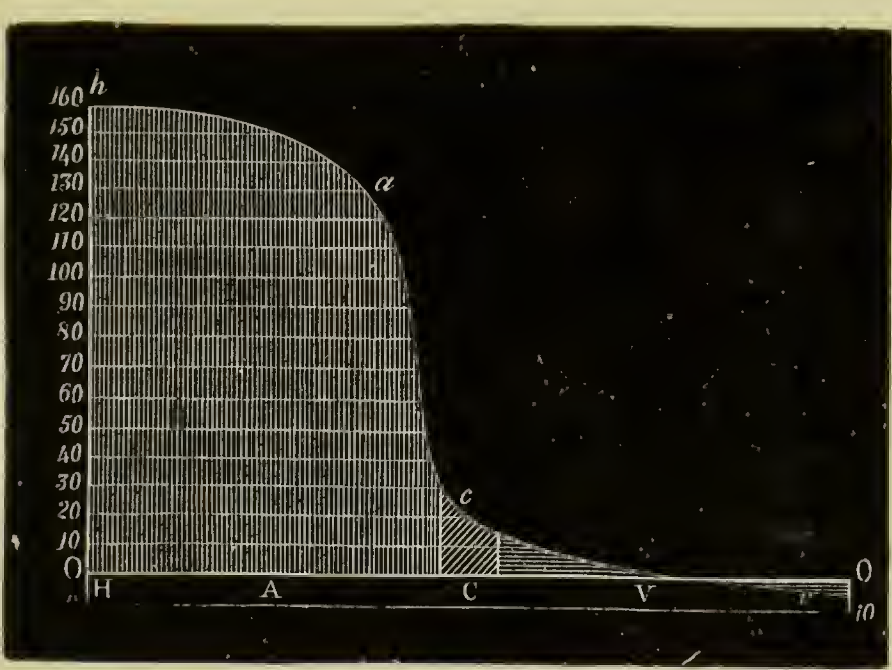

Fig. 46.—Showing the Relative Heights of Blood-pressure in Different Blood-vessels. (Yeo.)

H, Heart. *A*, Arteries. *a*, Arterioles. *c*, Capillaries. *V*, Small veins. *v*, Large veins. *H-V*, Being the zero-line, the pressure is indicated by the elevations of the curve. The numbers on the left give the pressure in millimeters of mercury.

intensity of the pressure will depend upon the resistances to be overcome and the *vis a tergo* that is impelling the blood-current. Thus the arterial pressure depends upon the relation existing between the blood thrown out by the ventricles and the quantity that can pass through the capillaries in the same time.

Science has possessed for a long time the means of knowing what is, in inelastic tubes which are the seat of the flow, the force of afflux for each point of their length, and what, also, is the quantity of that force which has been consumed by the resistances known as friction.

In order that the student may gain some knowledge of the causes that produce variations in the pressure as well as the means of measuring and recording it, attention will be turned briefly to the physical world to note the simplest possible apparatus that can convey even a vague idea of this property of the blood's circulation.

Suppose a reservoir full of liquid to a certain level, and from the bottom of which runs a pipe of uniform caliber. The tubes which branch from this main pipe are of equal caliber and are placed at equal distances from one another. The upright tubes have received the name of *manometers.* If, now, there be a flow of the liquid it will be because of a difference of pressure at the reservoir and outlet due to gravitation. During this flow the liquid in the various manometers will contain columns of the liquid whose tops would be in contact

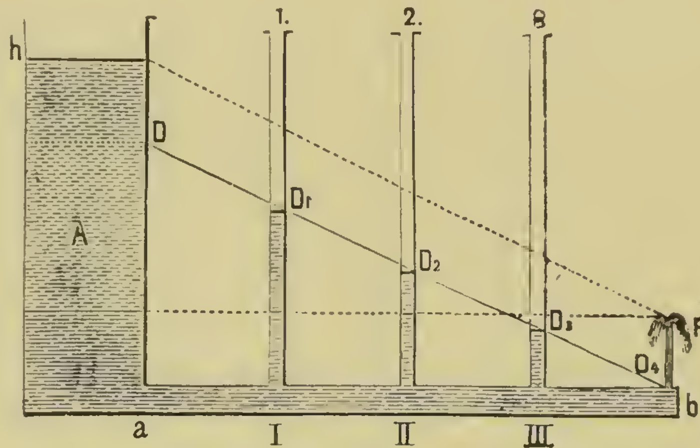

Fig. 47.—Variations in Pressure. (LANDOIS.)

A, Cylindrical tube filled with water. *a-b*, Outflow tube, along which are placed at intervals the vertical tubes, 1, 2, and 3, to estimate pressure.

with a straight line drawn from the superior surface of the contents of the reservoir to the point of egress. This slanting line is known as the *pressure-slope.* The manometer nearest the reservoir contains the highest column of liquid, the next one a column of less height, etc., the lowest being attained in the upright tube farthest from the heart or reservoir.

The height to which the liquid rises in a manometer sensibly indicates the intensity of the force of afflux at that point. And, as it decreases from the orifice of entry to that of exit, it must be concluded therefrom that the force of the flow of the liquid decreases of itself. It has been demonstrated in physics that the resistances which liquids meet with in ducts of a uniform caliber are *proportional* to the *length of the latter.* It follows, therefore, that, when the flow is established

in the tube, the more distant from the ingress a point of that tube is, the more the liquid which passes through it will have lost its initial force in consequence of resistances.

The more narrow the caliber of the tube, the greater is the resistance to the liquid. Up to the time of Rev. Stephen Hales, an English vicar, the methods of noting blood-pressure were crude in the extreme. It was known that the blood exerted considerable pressure upon the arterial walls, for, when they were punctured, an intermittent jet of blood arose to a considerable height, the latter depending upon the proximity of the wound to the heart. When a vein was wounded the blood was noticed to exude with much less force and it was continuous, not intermittent.

Hales was the first to make any improvement upon this rough movement, which he did by inserting a brass pipe one-sixth of an inch in diameter in lieu of a cannula into the femoral artery of a horse about three inches from the abdomen. The brass pipe in the artery was connected by means of another brass pipe to a glass tube whose height was nine feet, its bore nearly the same diameter and placed vertically. The first blood-pressure experiment is, perhaps, best depicted in the words of Hales himself. He says: "In December, 1733, I caused a mare to be tied down alive on her back. She was fourteen hands high, and she had a fistula on her withers and was neither very lean nor yet very lusty. Having laid open the left crural artery about three inches from her belly, I inserted into it a brass pipe whose bore was one-sixth of an inch in diameter. To that, by means of another brass pipe, which was fitly adapted to it, I fixed a glass tube of nearly the same diameter and which was nine feet in length. Then, untying the ligature on the artery, the blood rose in the tube eight feet three inches perpendicular above the level of the left ventricle of the heart. When the blood was at its full height, it would rise and fall at and after each pulse two, three, or four inches. Sometimes it would fall twelve or fourteen inches and demonstrate at that point the same up-and-down vibrations, at and after each pulse, as it had when it was at its full height. After forty or fifty pulses it would rise to the former height again. Later I took away the glass tube and let the blood from the artery mount up into the open air, when the greatest height of its jet was not above two feet."

Though the first real truths concerning blood-pressure were thus gained, nevertheless the method was crude and cumbersome in that the blood would soon clot and an eight-foot column of blood was not easily watched in its fluctuations.

Poiseuille in 1828 introduced into physiological experimentation a manometer with a column of mercury. This instrument is more convenient to handle, and with it all of the scientific world is acquainted to-day.

The manometer with its column of mercury has undergone still further modifications. Thus, Magendie has employed, under the name of *hæmometer,* an instrument composed of a mercury reservoir. Upon this the blood-pressure is exerted, and it communicates with a tube in

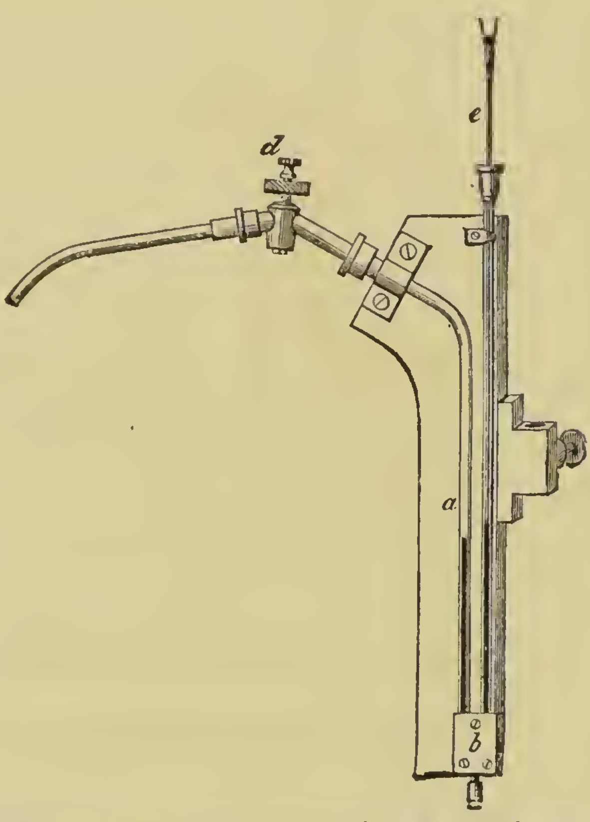

Fig. 48.—Manometer of Mercury for Measuring and Registering Blood-pressure. (Yeo.)

a, Proximal glass tube. *b*, Union of the two glass tubes of the manometer. *d*, Stop-cock through which the sodium carbonate can be introduced between the blood and the mercury of the manometer. *e*, The rod floating on the mercury carries the writing-point.

which the metal rises. The height of the level of the mercury in that single tube expresses the intensity of the pressure.

By use of the mercury as a substance against which the blood may expend its force, the inconvenience of handling the great column of blood is overcome.

One objection to the mercury is that columns of it, in their oscillations, take on acquired momentum, which makes them pass beyond the points which exactly express the *maximum* and the *minimum* of blood-pressure.

When such instruments are used, care must always be taken to prevent the coagulation of the blood by introducing an alkaline solution into the points of the apparatus where the blood must penetrate. The liquid most commonly used is a saturated solution of sodium carbonate.

In 1847 the study of *arterial tension* entered a new phase, thanks to the use made by C. Ludwig of the *apparatuses with continuous indications,* to measure the variations which that tension undergoes under the influence of many conditions. The instrument that he used is

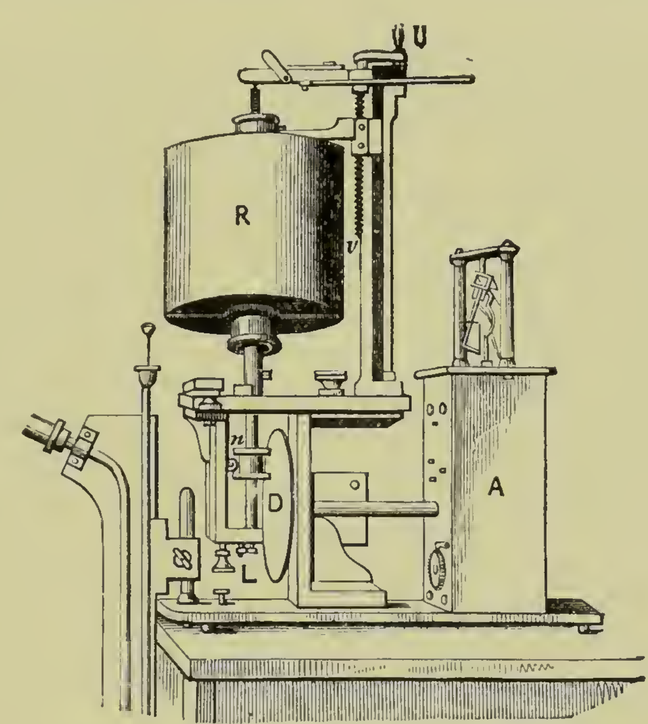

Fig. 49.—Ludwig's Kymograph. (YEO.)

R, Rotating drum blackened, which is moved by the clockwork inclosed in *A* by means of the disc, *D*, pressing on the wheel, *n*. The cylinder may be elevated or depressed by the screw, *v*, which is actuated by the handle, *U*.

known as the *kymograph,* or "wave-writer." In brief, it consists of a U-shaped manometer, in the open limb of which a light float is placed upon the surface of the mercury. A writing-style is placed transversely upon the free end of the float, which inscribes its movements, as representing the oscillations of the mercury, upon a cylinder which revolves at a uniform rate by reason of clockwork. There is recorded not only the *height,* but its pulsatile and respiratory oscillations.

In looking at a blood-pressure tracing we find that the *large undulations* are produced by respiratory movements. Usually the ascent is caused by inspiration, the descent by expiration. Each of the *small* waves corresponds to heart-action, the slight ascent to systole,

the slight descent to diastole. In studying a tracing it must be remembered that the real blood-pressure is really twice what is recorded, since the needle moves through a space that represents the difference of level between the mercury of the two tubes.

Blood-pressure in Man.

Since it is impossible to ascertain blood-pressure in man as it is practiced in animals, numerous instruments have been invented that can be used and applied to superficial arteries without dissection of

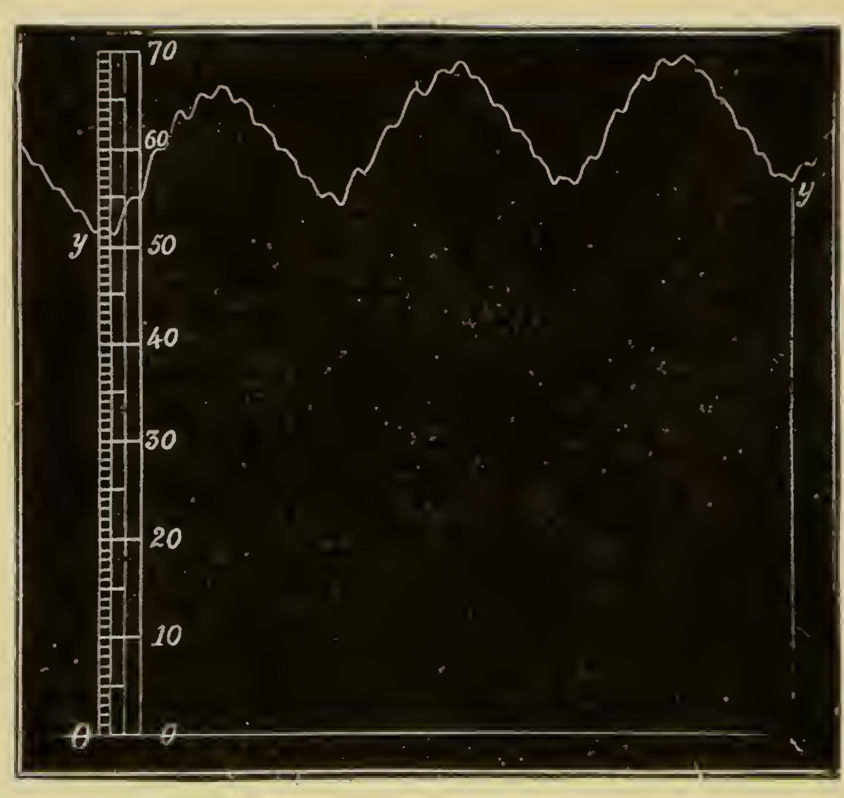

Fig. 50.—Blood-pressure Curve Recorded by the Mercurial Manometer. (Yeo.)

o-x, Zero-line. y-y, Curve with large respiratory waves and small waves of heart impulse. A scale is given to show height of pressure in millimeters of mercury.

the tissues. These pieces of apparatus have been variously termed *sphygmometers, sphygmomanometers,* etc.

The sphygmomanometer of von Basch consists essentially of a hollow rubber pad or capsule containing liquid or air, and which communicates with a mercurial manometer. The pad is pressed down over the artery till the pulse beyond it is felt to disappear under the finger or a sphygmograph placed upon the peripheral portion of the artery ceases to beat. The reading of the manometer is then taken as approximately equal to the maximum blood-pressure, since the

tissues overlying the artery have been compressed, and therefore register *some* pressure.

Although numerous other instruments are upon the market, yet the von Basch instrument is the one most extensively used. It must be remembered that fallacies exist in the use of such an instrument. For the matter is only too evident that there will be recorded compression of the venæ comites of the artery, the skin and surrounding tissues. Further, it is impossible to tell the exact moment when the distal pulse is rendered imperceptible.

In the case of healthy, young adults, the pressure in the brachial artery ranges between 110 and 130 millimeters of mercury. Pressure attains its maximum with the individual in the erect position; its minimum when he assumes the horizontal.

In unconsciousness produced by chloroform the blood-pressure falls about 30 millimeters. Alcohol depresses arterial tension. Faivre, by actual measurement in man during the amputation of a leg, found the mean pressure 115 millimeters.

Extremes of Pressure.—The *highest* pressure is registered in the aorta. While traversing the arteries the fall in pressure is very gradual. Immediately upon its passing from the arterioles into the capillaries and there meeting great resistance, the pressure fall is very marked.

The blood-pressure continues to fall in the capillaries and veins until the cardiac portion of the venæ cavæ are reached, when the *lowest* pressure is registered. As stated elsewhere, this last pressure may be negative.

The causes of alteration in blood-pressure of arteries, according to Brunton, are as follows:—

It may be raised:—

1. By the heart beating more quickly.

2. By the heart beating more vigorously and more completely and sending more blood into the aorta at each beat.

3. By contraction of the arterioles retaining the blood in the arterial system.

It may be depressed:—

1. By the heart beating more slowly.

2. By the heart beating less vigorously and completely and sending less blood into the aorta at each beat.

3. By dilatation of the arterioles, allowing the blood to flow more quickly into the veins.

4. By deficient supply of blood to the left ventricle, as from contraction of the pulmonary vessels or obstruction to the passage of blood through them, or from stagnation of the blood in the large veins, as in shock.

The blood-pressure in the pulmonary artery is about one-third that of the aorta.

Respiratory Undulations.—In studying a graphic record of the heart's action one is struck with an almost rhythmical rise and fall of the general tracing. There is thus depicted the condition of arterial pressure conjointly with the graphic representation of the heart-beats. They are produced by the respiratory movements, and hence have been termed *respiratory undulations.*

Cause.—During *inspiration* the blood-pressure *rises;* during *expiration* it *falls.* Stimulation of the vasomotor center is also partly responsible for these undulations. This stimulation is produced by the respiratory movements themselves, which, by indirectly causing the arteries to contract, raise blood-pressure.

Traube-Hering Curves.—These are bold curves which are higher than the regular respiratory undulations, but less frequent. They are due to alterations in the condition of the small arteries, superinduced by the waxing and waning at regular intervals of the excitability of the main vasomotor center.

Vagus and Blood-pressure.—When the blood-pressure rises in an animal the usual sequence is for the pulse-rate to be diminished by virtue of stimulation to the cardio-inhibitory center of the vagus. A fall in the blood-pressure is followed by an increase in the rate of heart-action. If the pneumogastrics are divided the pulse frequency increases, and as a result the arterial tension rises. If the vagi are irritated the pulse-rate falls and as a sequence the arterial tension diminishes.

If, however, the arterioles contract, the pressure rises, and this increase of tension irritates the center of the vagus and lowers the pulse-rate. If the arterioles dilate, the pressure falls, which lowers the tonus of the vagi, and the pulse runs faster. The reciprocal power of the pulse and blood-pressure to regulate each other depends on normal pneumogastrics.

Pathological.—In cases of granular or contracted kidney, sclerosis of the arteries, and where digitalis is used in heart affections, the blood-pressure is raised. Injected ergotin, by causing contraction of the arterioles, also raises pressure, while morphine lowers the same. The blood-pressure falls in fevers.

Capillary Blood-pressure.—Von Kries has estimated the blood-pressure in the capillaries of the ear as about 22 millimeters of mercury.

Venous Blood-pressure.—Since the pressure is so low (even negative in places) within this system, a saline solution is usually substituted in the manometer for mercury. The kymographic tracing taken near the heart shows the characteristic large and small waves, with this difference, however, that the respiratory rise accompanies *expiration.*

Venous pressure is *increased* by all conditions which tend to *decrease the difference* of pressure between the arterial system and itself. The reverse will produce diminution in its tension. General plethora increases it; anæmia diminishes it. There is a *mean negative pressure* of about — 0.1 millimeter of mercury near the heart. As one proceeds from the heart there is found the development of a positive pressure.

In the crural vein the blood-pressure is about 11 millimeters of mercury.

RAPIDITY OF THE CIRCULATION.

When examining the web of the frog's foot beneath the microscope it is clearly discerned that the rate of the blood's flow through the capillaries is very much less than what it must be in the aorta and its larger branches. That there should be differences in its rate of flow depends upon the same physical reasons as govern the rate of flow in tubes, namely: resistance, branching, size of caliber, and the total cross-sectional area.

If there were no friction, the size of the vessels would make no difference. However, contact of the fluid with the sides of the vessels causes a resistance which is proportional inversely to the diameter of the vessel: the greater the diameter, the less the resistance, etc.

The effect of branching is to produce little eddies and whirls in the stream, both of which increase the resistance. In vessels of greater caliber with the same impulsive power behind, the flow is slower than in those of less caliber.

Perhaps, however, the one greatest factor influencing the rate of flow is the *sectional area* at any point. With regard to it the law seems to be that the velocity of the blood-current at any given point in the circulatory system is inversely proportional.

The arterial system widens from the center to the periphery. All physiologists admit this proposition, for their opinion is founded

upon exact measurements. It has been found that, when there is an arterial bifurcation, the area of the two branches formed exceeds that of the afferent trunk. From experimental demonstration of the widening of the arterial passages, the comparison of the arterial tree to a cone is permissible; its summit is located at the heart, its base at the periphery of the body. The venous system is similarly arranged, the apices of the two systems meeting at the heart.

From this general form of the arterial passages it can be concluded that the movement of the blood must be more rapid in the aorta than in the vessels springing from it, and that the minimum of speed must be in the smallest arterioles. It is known that the cross-sectional area of the arterioles and capillaries is from 500 to 700 times greater than that of the first portion of the aorta; therefore the velocity of the blood in the capillaries is but $^1/_{500}$ or $^1/_{700}$ of that in the aorta.

The resistance which the blood meets with in the more or less shrunken vessels is generally designated by the misnomer *friction.* Physics show that there is no real friction between the walls of the vessels and the contained liquid. The most exterior layer of the liquid is *adherent* to the inner surface of the tube and remains perfectly motionless. The next layers adhere to one another less and less the more central they are. Thus the swiftness of the liquid molecules will not be the same in all parts of the vessel, the maximum being reached at the center of the vessel.

Rate in the Arteries.—From the relation of the arteries to the main central pump, the heart, very naturally the velocity of the blood-flow in them is greater than in the capillary or venous systems. In rough terms, the average velocity in the large arteries is 12 inches per second. To measure the velocity we employ Ludwig's stromuhr, or rheometer. This instrument consists of two glass bulbs, *1* and *2*, of the same capacity. The ends of these glass bulbs have a common opening above; below they are fixed, at *5-5′*, into a metal disc. This disc rotates around the disc, *6-6′*, so that after a complete revolution a bulb, *1*, communicates with a cannula, *9*, and another bulb, *2*, communicates with another cannula, *8*. This cannula, *8*, is fixed in the central end and the other cannula, *9*, in the peripheral end of the artery (carotid); the bulb, *1*, is filled with oil; the bulb, *2*, with defibrinated blood. At a certain time the communication through *8* is opened, the blood flows in, pushing the oil before it and passes into *2*, while the blood passes through *9* into the peripheral part of the artery. As soon as the oil reaches *4*, the time is noted, and bulbs

1 and *2* are rotated so that *2* takes the place of *1*, and the oil is pushed back into *1* again. The quantity of the blood which passes in a given time is calculated from the time necessary to fill the bulb.

Other instruments used have received the names *hæmatachometer, hæmodromometer, dromograph*, etc.

Rate in the Veins.—Whenever the total area of cross-section of the vascular tree increases, the velocity of its contained blood-current diminishes; conversely, as the cross-section diminishes the flow be-

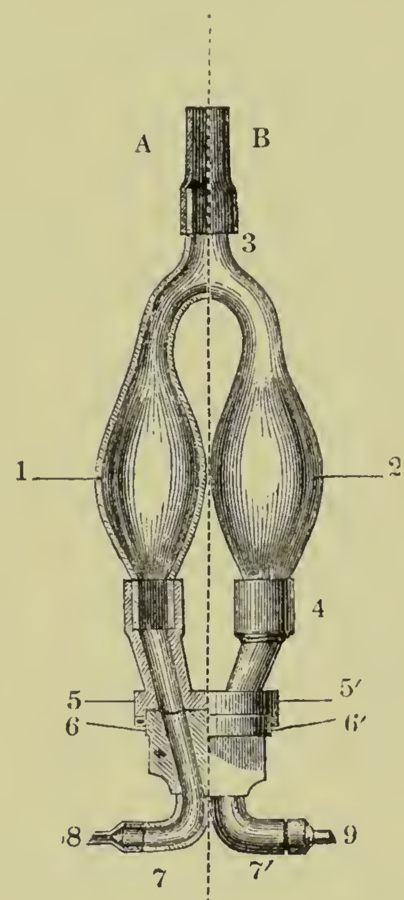

Fig. 51.—Ludwig's Stromuhr. (LANDOIS.)

comes proportionately more rapid. The total section of the systemic arterial tree reaches its maximum extent in the arterioles and capillaries. Along the venous tree the cross-section diminishes as the heart is neared, but never becomes as small as that of the arteries. Therefore the greatest velocity must exist in the arteries, the least within the capillaries, while the mean between the two extremes is that within the veins.

Since the venous cross-section diminishes as the heart is neared, the velocity of its blood-current becomes heightened accordingly.

However, the average rate of venous blood-flow has been estimated to be about 9 inches per second.

Rate in the Capillaries.—Even with respect to the capillaries the rule holds good that the velocity is inversely proportional to the area of cross-section. In the frog the velocity has been estimated to be about 1 inch per minute; among mammals it is said to average 2 inches per minute.

Marey, from a study of the rapidity of the flow of blood, has arrived at the following conclusions:—

If the resistance increases and the output of the heart remains constant, then the actual tension rises and the velocity becomes less.

If the output of the heart increases and the resistance remains constant, then both the tension and the velocity become greater.

Ludwig and Dogiel state that the velocity of the blood does not depend on the mean blood-pressure. They state the velocity in a section of a vessel depends on (1) the *vis a tergo*—that is, the action of the heart; and (2) on the peripheral resistance.

Duration of the Circulation as a Unit.—The general rapidity of the circulation—that is, how long a time an entire circulation occupies—may be easily determined experimentally in a living animal. This was first accomplished by Hering, whose principle of action was to compute the time required for the circuit of an injected, harmless substance. The substance taken is one that may be easily recognized by chemical test; sodium ferrocyanide is the one least injurious to the heart. He injected a 2-per-cent. solution into the central end of a divided jugular vein, and the time of injection was carefully noted. From the opposite jugular samples were taken as quickly as possible, the time of each being noted. When the Prussian blue reaction was obtained in any sample, the time of its withdrawal gave the duration of the entire circuit. In this experiment the blood containing the solution passed to the right side of the heart, through the lungs to the left side of the heart, from thence into the aorta to be distributed through the smaller vessels and capillaries of the head and face, to return by the jugular veins.

This jugular-to-jugular result does not represent the circulation of the entire blood-supply of the body, but the shortest time that a drop of blood may traverse the shortest pathway along both the systemic and pulmonic circulations. It is impossible thus to determine the circulation time of the entire blood. From the result of experiments it has been ascertained that the circulation time in the horse is 31.5 seconds; in the dog, 16.7 seconds; in the rabbit, 7.79 seconds.

Another method is that of Prof. G. N. Stewart. He injects into a rabbit methylene blue per jugular, and then, watching the appearance of the coloring matter in the opposite carotid, under the carotid he places a thin sheet of India rubber and between this and the artery a little piece of white, glazed paper. Then, noting the time when blood is injected per jugular and the time of its arrival in the opposite carotid gives the duration of the circulation. In the rabbit he made the jugular-to-carotid time from 5 to 7 seconds.

In man the time it takes the blood to make a complete circuit of the body is about 32 seconds.

COURSE OF BLOOD IN THE VENOUS SYSTEM.

When the blood has undergone within the general and pulmonary capillaries the changes which result from processes of nutrition and oxidation, it returns to the heart. It is the *venous system* which is charged with this centripetal transportation.

Has the action of the heart anything to do with the progression of the venous blood? To-day, all the world recognizes that it is the cardiac impulsion which, after having driven the blood through the capillaries, still presides. That is, the venous blood-current is maintained primarily by the *vis a tergo* (force from behind). In other words, it is what remains of the systolic energy of the heart transmitted through the arteries and capillaries. The *elasticity* of the venous walls themselves aid to a slight extent the movement of the blood by their rather feeble contractions. Contraction of the *skeletal muscles, aspiration* of the *heart* and *thorax* are factors also; the last-named condition creates the *vis a fronte.*

As the pulse-wave is normally caused to disappear in the capillary network, so the blood-pressure must suffer materially also; in fact, it continues falling even along the course of the veins until the heart is reached. Nowhere along the venous system is the positive pressure more than the merest fraction of what is found along the arterial tree. In the right side of the heart and the thoracic portions of the great veins the pressure may even be negative; that is, less than the atmospheric pressure. In the small venous radicles coming from the capillary system the blood-current is more rapid than in the capillaries, but much less than the speed of that attained in the corresponding arterioles.

There must of necessity be other influences exerted at this stage, since the energy which the systole of the heart has put forth has been greatly expended before it reaches the veins.

At the head of the list of factors conducive to venous flow, other than cardiac systole, stands the contractions of the skeletal muscles.

The contraction of the muscles aids the passage of the venous flow somewhat as follows: When pressure is brought to bear upon the vein with its contents at any particular point naturally the contained blood will endeavor to escape in two directions. That escaping toward the capillary system is soon checked by the closing of the first pair of valves, so that this portion of the vein becomes swollen and distended, but firmly holds the blood. The closure of the valves allows a current to be established in but one direction, and that *toward* the heart, thereby assisting venous flow in proportion to the extent of pressure exerted. In the limbs is found this aid to venous circulation. Should the muscles remain in a state of tetanic contraction, the venous blood passing out collects in the subcutaneous system, for it must be remembered that particularly numerous anastomoses with one another, as well as the deep with the superficial veins, are characteristic of this system. That the muscles aid venous flow is nicely demonstrated by the increased flow from an incised vein during contraction of its adjacent muscles when performing venesection.

The action of the diaphragm and intercostals helps to render the intrathoracic pressure negative during inspiration; so that the blood is *drawn* from the peripheral portion of the venous tree toward the heart; as some observer states it, the blood-column is actually lifted in the ascending vena cava.

Another, though less important, factor in venous propulsion is *thoracic suction*. For every time that the chest expands and makes in its interior an empty space, air rushes in to fill the same. The venous blood, situated in the vicinity of that cavity, also is helped into its intrathoracic veins.

CIRCULATION IN THE BRAIN.

Dr. Leonard Hill states that the brain content of blood can vary suddenly only to a slight degree, and that Monro's doctrine is to all intents and purposes true. When the aortic pressure rises the expansion of the cerebral volume can take place only to a certain limited amount, for, as soon as all the cerebro-spinal fluid is driven out from the cranium, the brain everywhere is in contact with the rigid skull. We have in the vasomotor center a protective mechanism by which blood can be drawn at need from the abdomen and supplied to the brain. At the moment of excitation from the external world the splanchnic area contracts and more blood is driven through the brain.

The quantity of blood in the brain is the same, but the rapidity of circulation in the brain varies. Thus, should there be any evidence of cerebral congestion, the splanchnic fibers dilate the vessels in its area, and by so doing decrease the amount sent to the cavity of the cranium. Should cerebral anæmia occur, the reverse will be the condition of affairs in the splanchnic area.

VASOMOTOR NERVOUS SYSTEM.

Thus far the circulatory system, except the heart, has been considered almost entirely from its physical standpoint: that it is a system of more or less elastic tubes through which the blood is propelled by the action of the heart. There was considered the resistance which its passage met with, the pressure exerted by this vital fluid, with the interpretations and the physical causes for variations in each function or property. It yet remains to consider that they are *living* tubes, and that they and the heart are kept in a very delicate balance by reason of certain physiological mechanisms. The agents governing their functions are impulses that emanate from the central nervous system via certain nerves. The circulatory apparatus, as every other system, organs, or parts of the entire economy, is under one management and direction located within the central nervous system. It is this latter system, by the maintenance of its functions, that produces harmony and division of labor throughout the entire body.

It has been previously stated that the musculature of the heart is under the guidance of two sets of nerve-fibers: one set to restrain heart-action; another to increase it. Likewise there are *two* sets of fibers which supply the musculature of the vessels (particularly the arterioles, since their proportionate quantity of circular, unstriped muscular fibers is greatest), which, together with their *centers,* constitute the *vasomotor system.*

The *vasomotor* system may be said, then, to be composed of the *vasomotor center,* situated in the medulla, together with some accessory and subsidiary centers in the spinal cord, and *vasomotor nerves.* The nerves are divided into *two classes,* according as they increase or diminish the caliber of the arterioles: those which increase the caliber are *vasodilators;* those which diminish the same are known as *vasoconstrictors.* All nerves that in any way influence vessel-caliber are classed under the general head of vasomotor.

How the Nerves End.—The manner in which the nerves end in the walls of the blood-vessels is an important subject. According to the majority, the arrangement is as follows: First there is a funda-

mental plexus whose fibers are interwined upon the external coat of the blood-vessel. These fibers are both gray and white. Then there is a second plexus located in the structure of the external coat of the artery and which is made up of fibers from the first, or fundamental, plexus. When the fibers of this plexus enter the external coat of the artery, they lose their neurilemma, and at the same time they present numerous nodules on their tract. Then follows the third plexus: the intramuscular one. It is composed of very fine filaments arising from the second plexus, terminating in the muscular fibers.

Though the capillaries are known to have nerve-fibers surrounding them, yet there has not, as yet, been demonstrated any change in their lumen as a result of direct stimulation to these same nerve-fibers. With the exception of the portal system, there has not been established any direct proof of function of vasomotor nerves in regard to the venous system.

Stilling in 1840 knew that the vascular nerves ran in the sympathetic, and he named these nerves vasomotors. Claude Bernard in 1851 found that after section of the cervical sympathetic the blood-vessels of the ear dilated and the ear became warmer. In 1852 Brown-Séquard discovered that electrical irritation of the cranial end of the sympathetic was followed by a contraction of the blood-vessels and that this contraction was succeeded by a lowering of the temperature of the ear.

In 1858 Bernard found that when the chorda tympani was irritated the blood-vessels, instead of being constricted, are dilated. To such an extent does dilatation occur that the blood in the vein acquired, instead of a blue color, a red color. The veins themselves became swollen in size.

These various observations tend to prove that there are two kinds of vasomotor nerves: *vasoconstrictors* and *vasodilators.*

Functions.—Ordinarily the arterioles are in a state of tonicity—moderate contraction—to maintain peripheral resistance; otherwise the flow of blood through the capillaries would be intermittent instead of continuous, as it normally is. It is when this peripheral resistance is low that there appears a capillary and venous pulse.

In hot weather the capillaries of the skin dilate; in cold weather they contract.

Another very important function of the vasomotors is their regulation of the amount of blood-supply to any part, organ, or gland of the economy. That is, they govern the amount found within the arterioles and capillaries of the tissues.

The vasoconstrictor nerves arise from a center in the medulla oblongata, pass down the lateral columns, and establish communication with minor vasomotor centers in the spinal cord, and then the vasomotor fibers from there emerge by the anterior roots to reach the blood-vessels.

When a vasoconstrictor nerve, as the sympathetic, is cut, the blood-vessels of the rabbit's ear supplied by it *dilate*. This fact indicates that the circulatory vessels have tonic impulses going to them from the central nervous system through the vasoconstrictor nerves.

This *tonus* of the vasoconstrictor nerves does not exist in all vasomotor nerves to the same degree. It is a variable factor—may be depressed or absolutely removed. To decide that a nerve is a vasoconstrictor nerve, it becomes necessary to irritate the nerve with an electrical current and then to see the blood-vessels supplied by it contract.

When *tonus* exists in a vasoconstrictor nerve and it is then *cut*, there results an effect *opposite* to that of an irritation. That is, there is a condition of dilatation in the arterioles and capillaries. By this section of the vasoconstrictors the volume of the parts increases in direct proportion to the increased blood-supply. If a cut be made into the organ, the blood flows more rapidly than before there was section of the nerve. The temperature of the organ increases and is perceptibly higher than that of the opposite side.

With increase in dilatation there is a concomitant *fall* in blood-pressure. If a large vasoconstrictor nerve like the splanchnic be cut, then the blood-pressure is marked by a most decided fall.

If, now, the vasoconstrictor be irritated, preferably with electricity, phenomena that are opposite to those just detailed ensue. The arterioles and capillaries become so contracted that they are no longer visible; the size of the organ supplied by these nerves diminishes; the venous blood becomes dark. If you cut the organ, less blood flows out of it than when there is paralysis of the constrictors and, therefore, dilatation.

The vasomotor nerves are always in a condition of antagonism, although the constrictor influence is by far the more powerful. Thus, if a nerve-trunk which contains both constrictor and dilator fibers be stimulated, the first effect is constriction of the arterioles and capillaries supplied by the artery. This condition of constriction lasts for some time, but is eventually replaced by dilatation of the vessels of the part. This dilatation is a sequel, and is to be explained by the fact that the vasodilator fibers are less easily exhausted than are the vaso-

constrictor fibers. For, after separation of the vasomotor fibers from the central nervous system, it is found that the vasodilator fibers do not lose their excitability before the lapse of from *six* to *ten* days. The vasoconstrictor fibers do not respond to excitation after the third or fourth day.

Vasoconstrictors of the Head.—It is known that the cervical sympathetic is the vasoconstrictor for the corresponding side of the face, ear, cheeks, lips, brow and iris, middle ear, tongue, with the submaxillary and parotid glands; in fact, all parts of the head with the exception of the brain are supplied by it with its corresponding sympathetic. Now, these vasoconstrictors do not arise from the sympathetic ganglia, but spring from the spinal cord by means of their rami communicantes. The fibers that are destined for the supply of the head and neck proceed to the first thoracic ganglion, thence along the annulus of Vieussens to the inferior cervical ganglion to the sympathetic trunk, along which and its branches they reach their respective destinations.

Vasoconstrictors of the Extremities.—The fibers that are intended for the supply of the body-wall and limbs pass back by the *gray* rami communicantes to be distributed to these parts with the other spinal nerve-fibers.

The origin of the constrictors of the anterior extremities is probably from the middle part of the dorsal segment of the spinal cord. As to the peripheral course of these nerves, a part of them run with the nerves of the arm and from these to the blood-vessels, while a part run directly from the sympathetic in the plexuses to spin around the blood-vessels and their branches. The vasoconstrictors of the posterior extremities have given more definite results, and are found to spring from the cord in conjunction with the eleventh, twelfth, and thirteenth dorsal nerves of animals, as well as the first and second lumbar nerves of animals. The constrictors unite with the large nerve-trunks and with their branches go to the extremities.

Vasoconstrictors of the Abdominal Viscera.—The fibers for the *interior* of the economy pass into the various plexuses of the sympathetic nerves in the thorax, abdomen, and pelvis, to be distributed to the vessel-walls of the various viscera contained within these several cavities. The grouping includes the most important vasomotor nerves of the body, the *splanchnics*.

If one splanchnic be cut in the abdominal cavity, the blood-pressure sinks 30 or 40 millimeters; if the second be cut the pressure immediately drops to 10. If the peripheral end of the cut nerve be

irritated, the aortic pressure ascends and reaches as great a height as it had before section. Through the paralysis of the abdominal vessels the portal system is filled with blood, the small intestinal vessels are strongly injected, the blood-vessels of the kidneys are dilated, and the renal tissue is red and congested.

By these experiments it was established that the splanchnic is the most important of all the vasoconstrictor nerves, and therefore an important regulator of the blood-pressure. The constrictors of the splanchnics all arise from the tenth dorsal to the fifth dorsal ganglia. The splanchnics supply vasomotor fibers to the stomach, bowels, and kidneys. Irritation of one splanchnic is sufficient to cause vasoconstriction in both kidneys.

The viscera receive vasoconstrictor fibers from other sources, as the vagus. The peripheral vasomotor ganglia localized in the walls of the blood-vessels also help to exert a sort of tonus over the caliber of the vessels. This statement is based upon the fact that, two weeks after performing section of both splanchnics beneath the diaphragm, the blood-pressure is again found to be the same as that of a normal animal.

Vasoconstrictors of the Lungs.—When the central end of the splanchnic is irritated the blood-pressure rises in the arteries of the lungs, since a greater amount of blood is driven into the inferior vena cava. Similarly, an obstructive lesion of the left heart will elevate blood-pressure in the lungs. But direct observation shows that the vasoconstrictors of the lungs are not strongly developed.

Vasodilators.—The *vasodilators* originate from a principal center, located in the medulla oblongata, and from subsidiary centers distributed throughout the spinal cord. As a rule, these nerves are mingled with the vasoconstrictors; but there are exceptions. Their inclination is to emerge through the cerebro-spinal nerves, while the constrictors are generally mixed with the great sympathetic system. Their region of egress is not so limited as that of the vasoconstrictors, since the *nervi erigentes* originate as low down as the second and third sacral nerves, while the *chorda tympani* is a branch of the seventh cranial nerve. The chorda tympani and the nervus erigens are pure vasodilator nerves: that is, they contain no vasoconstrictors.

While the vasodilators usually emerge through the cerebro-spinal nerves, the student must remember that the distributions of the two nerves are far different.

All vasomotor nerves are distributed to *unstriped, involuntary* muscles; spinal nerves to *striped voluntary* muscles. The former are

always characterized by being ganglionated; in other words, possessing cell-stations, or relays, in their course from the central nervous system to the muscular fibers which they govern.

The vasodilator nerves behave very similarly to the cardiac branches of the vagus, for, when both are stimulated, the result produced is inhibition and relaxation. Vasodilation results from direct stimulation of the center in the medulla. Thus, during asphyxia the strongly venous blood, while it stimulates the vasoconstrictor center so as to diminish the caliber of the splanchnic area, also stimulates the dilator center to produce relaxation of the cutaneous vessels. Nicotine is said to be a powerful excitant of the vasodilators.

Recognition.—It is easy to recognize a vasodilator nerve when it contains no other fibers. But, should it be mixed with vasoconstrictors going to the same organ, it becomes necessary to make special arrangements. These are occasioned from the fact that the vasoconstrictors usually overcome the dilators. However, the constrictors become tired more quickly, and after they are exhausted the vasodilators act.

By warming or cooling an extremity with water, the experimenter can, on irritating a nerve, obtain a dilatation or a narrowing of the blood-vessels supplied by it. When in the same nerve two kinds of vasomotors run, then by the same irritation in warming the foot there is obtained a contraction of the vessels, and in the second place a dilatation on cooling the foot.

Differences in Two Kinds of Nerves.—Vasomotor nerves present differences in their actions dependent upon division and degeneration in the same. After degeneration, an irritant to a nerve calls out vasodilation, while to a nerve in the fresh state the same irritant produces a primary vasoconstriction.

By variation in the frequency and strength of the irritation there is afforded a means to differentiate the two kinds of nerves which may traverse the same nerve-trunk. The vasodilators are excited by *weak currents* and *slow rhythm*. The vasoconstrictors are irritated by *stronger currents* and *greater frequency* of irritation.

Path of Vasodilator Nerves.—The dilators of the submaxillary glands and tongue come from the facial to pass along the chorda tympani to the gland. To reach the anterior two-thirds of the tongue the vasodilators traverse the lingual; to supply the posterior third the course is along the glosso-pharyngeal.

The mucous membrane of the cheek, lips, and gums, as well as the nasal openings, receive their vasodilators from the trigeminus.

The vasodilators of the *anterior extremities* arise from the fifth and eighth dorsal nerves. The *posterior extremities* receive their supply of vasodilators from the second to third lumbar nerves.

The *splanchnic nerves* also contain vasodilator fibers. Thus the cervical sympathetic and splanchnics, which have always been regarded as great vasoconstrictors, are also rich in vasodilators.

Muscles are supplied only with vasodilator nerves.

Theory of Vasodilator Action.—The vasodilators must act upon the circular arterial muscle, either directly or indirectly. How they act is still hypothetical. Since physiologists know of no muscle through whose contraction the blood-vessels become more dilated, it is assumed that vasodilation is due to a *paralysis* of the circular fibers of the vessels. That is, the dilators must be inhibitory or vaso-inhibitory nerves.

The *tonus* of a blood-vessel depends partly upon impulses from the central nervous system via the vasoconstrictors and partly from the influence of centers lying in the vicinity of the vessel. It is upon these latter centers that the dilators are supposed to exert an inhibitory action; so that the centers lose their influence upon the vessel, which promptly proceeds to dilate to its greatest extent.

As support of the existence of these peripheral vasomotor centers the following has been noted: After section of the vasoconstrictors and without their reunion, after the lapse of a few weeks *tonus* is *again attained.* This end is accomplished by reason of the peripheral centers keeping the muscles of the blood-vessels contracted.

Frequent allusions, during the discussion of the vasomotor system, have been made to the effects of experiments upon various vasomotor nerves. They have been nearly all performed upon animals, and consist, in the main, of *section* and *excitation* of various kinds: electrical, thermal, etc. By these means much has been learned concerning this very important system—important to the physician as a means of explaining many pathological conditions.

Vasomotor Centers.—The *main vasomotor center* lies in the floor of the fourth ventricle in its gray matter. It is located on each side of the median raphé, to extend three millimeters from a little above the nib of the calamus scriptorius to near the corpora quadrigemina. Its position was determined by noting that when it was destroyed there was a lack of tonicity displayed by all of the arterioles, with a consequent fall in blood-pressure. When this same area was stimulated all of the arterioles were constricted, giving a rise in blood-pressure as a sequel. Section of the cervical spinal cord permits all

the arterioles to dilate, as the main vasomotor center has been cut off, and the blood-pressure falls to 10 millimeters.

SPINAL VASOMOTOR CENTERS.—Experiments demonstrate that with the destruction or paralysis of the main center there results a drop in blood-pressure; if, however, the animal be kept alive by artificial respiration, after a variable length of time the arterioles regain their tonicity and there is a corresponding rise in pressure. This phenomenon is accounted for by the presence of minor or subsidiary centers, which in the emergency have risen in their functional abilities. These minor vasoconstrictor centers exist in the spinal cord. They may be excited in a reflex manner by means of strychnine (Ott and Klapp).

Upon destruction of the cord there follows a second fall of pressure, with dilatation of the arterioles. The spinal vasoconstrictor centers exist in the upper, dorsal part of the spinal cord. As to the *peripheral vasomotor* centers, they exist in the blood-vessels; those in the rabbit's ear cause rhythmical movements from two to eight times per minute.

The vasoconstrictor center is in a state of *permanent excitation*, which produces vascular tonus; this is not the case with the vasodilator center.

In a totally relaxed vascular system there is no possible circulation—the blood stands still. During extreme dilatation the heart receives but little blood, so that but very little is driven out of it during systole. Hence the tonus of the blood-vessels is a necessary condition for the circulation.

The tonus of the veins is dependent upon the central nervous system, and its tonus is quite as important as is that for the arteries.

The vascular tonus is continually a seat of slight fluctuations, of which the most important when depicted graphically constitute the curves of Traube. The curves are the products of oscillations of the vascular tonus. The oscillations are caused by variations in the automatic excitation of the vasoconstrictor centers. (See "Traube-Hering Curves.")

The vasoconstrictor center is excited during dyspnœa and asphyxia. This occurs on account of the accumulation of carbonic acid in the blood. This action explains why the arteries in the cadaver are free from blood. Strychnine, nicotine, and Calabar bean also excite the vasoconstrictor center.

Advantages of Vessel Innervation.—By reason of vascular tonicity the diameters of the vessels are a trifle too small to contain all the

blood; so that the vascular walls are obliged to dilate. The result is pressure and circulation of the blood.

When various organs and parts of the body are in activity they require an excess of blood. This surplus is furnished by a dilatation of the capillaries of the part. Ludwig compared the vasomotor centers to turn-cocks in a great city. They turn off the water-supply from one district and at the same time turn it on in another.

As previously stated, the cutaneous circulation regulates the losses of heat.

When, from the influence of cold, the capillaries of the skin are narrowed, the internal organs are congested. Under the action of heat the skin is congested and the internal organs made anæmic. This increase in the blood-supply in those parts where needed has been ingeniously demonstrated by Mosso. He placed a man upon a very large board which was most delicately balanced at its center. By use of it he demonstrated that whenever the man began to think the increased blood-supply in his brain caused the head to go down and the heels to rise up.

Vasomotor Center Reflexly Excited.—Like the cardiac nerves, so the vasomotor nerves of all parts of the body may be excited reflexly.

We have reflex action in making lines upon our skin with a blunt instrument, in the warming of the skin, in the vascular injection upon opening of the abdominal cavity, and in the vascular dilatation of the vessels of the pia mater of the brain when the skull cavity is opened.

By irritation of the mucous membrane of the nose there is seen a vascular disturbance of the whole head. If one hand be plunged into ice-water, the blood-vessels of the opposite hand also contract. Thus, irritation of any sensory nerve in the body causes, as a rule, a contraction of the blood-vessels and especially those supplied by the splanchnics. The blood-vessels of the skeletal muscles, as a rule, dilate after irritation. With the single exception of the *nervus depressor,* irritation of any sensory nerve is followed by a rise of blood-pressure. The rise which is created depends upon the strength and nature of the stimulus. During this condition there is vasoconstriction of the splanchnic vessels, while at the same time the blood-vessels of the skin and muscles are more or less dilated. The reflexes that depress the arterial tension are due to the nervus depressor. This condition of depression is due to a vasodilation of the arterioles, especially in the vessels supplied by the splanchnics.

The vasomotor changes can be studied by means of instruments which register the changing volume of a part at each systole of the

heart and the varying diameter of the arterioles. These instruments are known by the names of *plethysmograph* and *oncometer*.

Pathological Conditions of Vasomotor Action.—Hemicrania is due to unilateral contraction of the carotid branches going to the brain. In exophthalmic goiter the vasomotor system is implicated.

The secretion of the urine is to a great extent under the varying tension due to vasomotor activity. In fever the vasomotor system is concerned in the flushing of the face and body.

CHAPTER VII.

RESPIRATION.

The study of digestion and circulation has taught the reader the nature of the methods and the avenues along which ingested materials must pass in the processes of their elaboration in order to maintain the requirements of life. It has also made him acquainted with the various forms under which those materials became absorbable and miscible with the blood, and which must necessarily be renewed in proportion as the latter is changed by the nutrient movement. It is known, too, that the liquid and soluble products of digestion and the lymph itself, when poured into the venous blood, do not have the qualities of a directly nutrient fluid immediately after their mixture with the blood. In order that these qualities should develop it is necessary that there occur the intervention of an essential element, which animals find in, and incessantly draw from, the enveloping atmosphere—oxygen. The latter is the great agent in the final transformations which the various organic matters must undergo. The introduction of a certain proportion of oxygen into the economy is, therefore, the first aim of the function of respiration.

The general tendency of the various gases to mingle even when wet membranes separate them has been pointed out in "Osmosis." Looked at in its essential character, the respiration of animals consists in a single exchange of gases, which takes place during the action exercised by the air upon the blood. In fact, atmospheric oxygen, brought into contact with a thin, membranous wall, passes through it and penetrates the blood, while the carbonic-acid gas contained in that liquid is freed from it through the same membrane. Therefore, if respiration, on the one hand, takes something away from the blood, on the other, it communicates to it a principle which renders it suitable to complete the organs, furnish material for their secretions, or to repair their losses, while, at the same time, giving rise to a disengagement of heat indispensable to the free exercise of the functions. It is this vivifying principle which combines with the organic matters of the blood to form the water and carbonic acid that are unceasingly eliminated by expiration and soon decomposed in the atmosphere under the influence of solar radiation, to furnish carbon and hydrogen to vegetation.

The blood, with its complex constitution, becomes in this way the principal medium for all the phenomena of nutrition. It is known to be collecting, in its course, for its own reconstitution, certain materials elaborated by the digestive passages and then depositing assimilable principles in the various tissues. The blood represents, therefore, a reparatory fluid whose continual renewal and destruction, intrusted to *digestion* and *respiration,* constitute the two inseparable conditions for existence of the higher animals.

When air is fed to the wood in the firebox of a boiler a process known as burning takes place. It is a real chemical process, the oxygen uniting with the carbon and hydrogen of the wood, so that both the wood and oxygen disappear as such. The carbon and portion of the oxygen unite to form *carbonic-acid gas.* The hydrogen and the remainder of the oxygen by their union form *water.* The two substances thus formed pass off in the smoke, leaving behind as the *débris,* or ashes, the *mineral* part of the wood. By this burning, also termed *oxidation,* heat and a flame are produced.

Within the body there occurs an analogous process, also termed oxidation, whereby the oxygen inhaled into the body slowly burns the protoplasm of *cells* in a manner similar to the burning of the wood in the boiler. This process within the body is performed so slowly that there is no appearance of a flame, but there is yielded the same amount of heat as would be produced were the same materials burned within a furnace or stove. Some of this heat is utilized to give warmth to the body, while the remainder of it is converted into power and energy, so that the body may do work, either of motion, thought, or manufacturing the various products of the body. Oxidation is the essential process of life, for when it ceases life ends. It occurs in *every cell* of the economy. Its degree in the living cells can be heightened or lowered according to the needs of the body. The end-products of body-oxidation are also carbonic-acid gas, water, and ashes, or urea as occurred in furnace-oxidation.

From studies in general physiology it is known that that peculiar form of *energy* which is called *life* exists only in association with living cells or living organisms. It is liberated only during a catabolism, or destructive metabolism of living cell-protoplasm, and which metabolism is possible only in the presence of oxygen. During these catabolic metabolisms the living protoplasm of the cell, the deeply complex protoplasmic molecule, is split up into two, perhaps more, simpler molecules; these last, which probably represent proteids, may again separate into still simpler ones. Each change from a complex

compound to a simpler one leads to (1) liberation of energy upon which depends the numerous activities of life and (2) to a new combination of the simpler molecules with oxygen. Thus, *oxygen is the cause of combustion, but the complement of catabolism.*

Respiration is the general term which includes all of those activities that are involved in the furnishing of oxygen to the tissues of a living organism.

The respiratory phenomena do not exist in man and the aërial vertebrates only. They are found, of the most varied kinds, in all of the animal species, even in the lowest; these last, lacking true blood as well as a digestive tube, have particular juices introduced by absorption, the nutritive quality of which can develop only under the vivifying influence of atmospheric oxygen. It may here be added that the intervention of this gas is as indispensable to the plant as the animal in all periods of life. The sap, analogous to the blood, cannot be sufficiently elaborated and become a really nourishing fluid except by the oxygen.

When a function is found in all living beings, it is warrantable to conclude that it represents one of the fundamental conditions of their existence. Respiration incontestably offers that character. Not only do all living species breathe at their different ages, but they cannot develop, or persist in their development, except by the accomplishment of that function. The most positive experiments have demonstrated that the cell of the plant and the cell of the animal breathe, one in the seed and the other in the egg in which it is organized, and that all development is arrested as soon as communication with the atmospheric air is prohibited. The seed absorbs oxygen from the air for the benefit of the young plant that it contains, fixes some traces of nitrogen, and at the same time exhales a considerable quantity of carbonic acid.

It was in a chicken's egg that respiration of the embryo was first recognized; when the surface of the egg was covered with an impervious coating of oil or varnish, the embryo failed to develop. Later it was proved that the egg containing a chick in the process of development also absorbs oxygen and exhales carbonic acid.

The life of mammals shows another form of the phenomenon: In them the fœtus, by reason of a certain union of his vascular apparatuses, draws from the blood of the mother the necessary oxygen which his pulmonary surface cannot yet supply it with directly. The villi of the placenta, plunged into the vascular sinuses of the uterus, effect a kind of respiration there.

THE RESPIRATORY APPARATUS.

The *object* of respiration is twofold, viz.: to *supply the oxygen* necessary for the numerous oxidation processes that are constantly occurring within the body, as well as to *remove the carbon dioxide* formed within the body. The most important organs for this purpose are the lungs or gills, as the case may be, though it must never be entertained for a moment that they are the special seats for those combustion-processes whereby ensues carbonic acid as the final result. These processes occur in *all parts* of the body in the substance of the tissues. The lungs or gills are merely the medium for the *exchange* of the two essential gases. For this interchange it becomes necessary that the atmospheric air should pass into them and that the changed air should be expelled from them.

In essence a lung or gill is constructed of a thin membrane, whose one surface is exposed to the air or water,—depending upon the species of animal,—while on the other surface there is a network of blood-vessels, the separating membrane between the blood and aërating medium being the thin walls of the small blood-vessels and the fine membrane upon which they are distributed. The principle is always the same in all respiratory apparatuses; the difference between the simplest and most complicated ones is one of degree only.

In all animals in which, by reason of their complex structure, it becomes necessary to have special arrangements for the performance of the respiratory function it is found that the act is divided into two stages: *(a)* an *external respiration,* where the interchange is between the air or water and the circulating medium of blood as it passes through richly vascular skin, tracheæ, gills, or lungs; *(b)* an *internal respiration,* which is an interchange between the blood or lymph and the cells of the various tissues of the entire body.

Our consideration of the subject will confine us to the study of the human respiratory organs. The most important of the human apparatus are the lungs, which are contained within the closed chest, or thorax, having no communication with the outside except through the avenue of the respiratory passages.

The *pulmonary apparatus* consists of: (1) the *air-passages*—nose, pharynx, larynx, trachea, and the bronchi, which communicate with the lungs; (2) the *lungs* with their immense number of small sacs, known as the air-vesicles; and (3) the thorax. The accessory muscles of respiration, when called into play, make the thorax act as a bellows, forcibly causing ingress and egress of air.

The Air-passages.—The very first portion of the respiratory passageway, the nose, is the organ of the speeial sense of smell and will be treated in detail when that subjeet is diseussed; the anatomy of the pharynx has been previously noted when the alimentary eanal was under attention. The *larynx* is plaeed at the upper part of the passage, being a dilatation of the traehea. It is the eartilaginous box whieh eontains the struetures concerned in the produetion of voiee. It will be deseribed later in connection with that function.

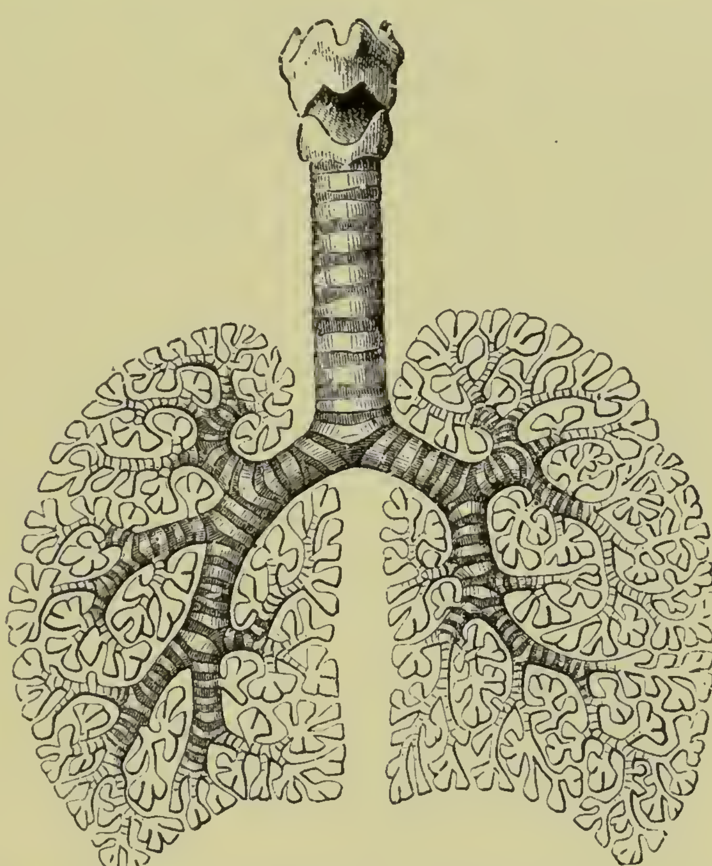

Fig. 52.—Human Respiratory Apparatus. (Duval.)
It shows the branching of the bronchia in the interior of the lungs.

The Trachea and Bronchi.—The trachea, or windpipe, is a eombined membranous and eartilaginous eylindrical tube, flattened posteriorly. Commeneing opposite the fifth eervical vertebra, it terminates by dividing into two bronehi opposite the third dorsal vertebra. Its length is about four inehes, its breadth (less in the female than in the male), three-fourths of an ineh. The bronchi diverge from the traehea to the lungs behind the great blood-vessels running from the base of the eardiae organ. The bronehus on the right side, about an ineh in length, runs at a right angle to the root of the lung on a level with

the fourth dorsal vertebra and posterior to the right pulmonary artery. The left bronchus, less in diameter than the right, but about twice its length, passes downward and outward beneath the arch of the aorta to the root of its corresponding lung. The bronchi and trachea are composed of a series of cartilaginous rings lined with mucous membrane. The trachea and bronchi are encircled by the cartilaginous rings, which are not closed posteriorly except by a strong fibro-elastic membrane, and contains a layer of pale unstriped muscular fibers running in a transverse and longitudinal direction. The cartilaginous rings preserve the caliber of the trachea and bronchial tubes. The surface of the tracheal and bronchial mucous membrane is smooth and its color is reddish white. Its epithelium is of the ciliated columnar form. The vibratory movement of the cilia—being directed upward—removes dust from the lungs. Minute glands of the racemose variety are found in the trachea and bronchi, which open upon the surface. The nerves supplying the trachea and lungs are the pneumogastric and sympathetic.

The Lungs are in the thorax, one on each side, separated by the heart and large blood-vessels. In the constantly changing diameters of the chest they accurately fill the chest which contains them. They are free, and attached only by the roots. They are closely invested with a serous membrane, the pleura. The root of the lung is placed near its middle internally, and consists of the bronchus, pulmonary artery and veins, the blood-vessels of the bronchia, nerves, and lymphatics, all invested with a reflection of pleura. The right lung has its root behind the superior vena cava. The root of the left lung lies partly beneath the arch of and partly in front of the descending portion of the aorta. In the root of the right lung the bronchus is the highest; in the root of the left lung the pulmonary artery is the highest. The bronchi, before entering a depression at the root of the lungs, the hilus, subdivide, the right into three branches, the left into two, corresponding to the number of lobes in each lung. Each lung is conical, with a broad, concave crest resting on the diaphragm and a rounded apex standing above the level of the first rib and reaching into the neck. Its outer surface is convex and its inner surface is concave and faces the heart.

The weight and the capacity of the lungs vary according to many conditions. Their average weight is about two and one-half pounds and their total capacity three hundred cubic inches. Their long diameter is the greatest and deepest on the posterior surface. The right lung is shorter than the left, but wider and of somewhat greater

bulk. The right lung has three lobes, of which the middle one is the smallest and the lowest one the largest. The left lung has two lobes, of which the lower is the larger. Between the lobes of the left lung in front there exists a large angular notch, corresponding with the position at which the impulse of the heart is felt against the walls of the chest.

Normal lung-tissue always shows a specific gravity less than that of water; consequently it will float when thrown into water. No other tissue does this. However, should lung-tissue in which consolidation has resulted from some disease or the lung-tissue from a child that has never breathed be thus tried, it will sink like other tissues. This water-test of the lungs is one of the medico-legal tests applied to ascertain whether a child found dead was "stillborn" or was a victim of infanticide.

The *substance* of the lung is of a light, porous, spongy texture, when handled crepitating because of the air contained in its tissue. Lung-tissue is very highly elastic; it completely collapses when removed from the thorax or if the thoracic walls be punctured so as to admit air from the outside into the pleural cavity.

In *color* the lungs are pinkish at birth, becoming of a mottled slate color in adult life. The dark-colored patches are produced by the presence of carbonaceous material that has been inhaled and deposited within the areolar tissue near the surface of the organ. The carbon particles are absorbed by the lymphatics, being carried into the lymphatic openings by the leucocytes.

Bronchi.—In structure the bronchi resemble the trachea. In the bronchi, however, there are unstriped muscular fibers forming the *muscularis mucosæ,* while the cartilaginous elements are scattered about equally in all parts of their circumference.

As the bronchi are traced in the lungs they divide into tubes of less diameter. These again subdivide into tubes growing smaller in a gradual manner. After a certain stage of division each tube is reduced to a size about one-fiftieth of an inch, which is denominated a bronchiole, and its walls are lined with small hemispherical sacculcs called alveoli, or air-cells. These bronchioles then open into a blind space called infundibula, which are lined with air-cells. Near the ending of the bronchiole with the infundibulum the former ciliated epithelium disappears and another variety of epithelium appears. This new variety of epithelium consists of small, flat, polygonal nucleated cells. This flat, thin epithelium also lies over the blood-vessels and even extends between the blood-vessels.

The alveoli, or air-cells, of any group or series always communicate with one another to open by a common orifice into a terminal bronchus. In size they average roughly one one-hundredth of an inch in diameter. Form is given to the air-cells by the presence of a fine membrane of slightly fibrillated connective tissue which contains some corpuscles. This is closely surrounded by a great many fine, elastic fibers which give to the pulmonary parenchyma its characteristic elasticity. Some nonstriped muscular fibers are apparent in the connective tissue between the cells; in certain diseases these become abnormally developed. The number of alveoli has been estimated to be seven hundred and twenty-five millions, whose superficial area is one hundred times greater than that of the body.

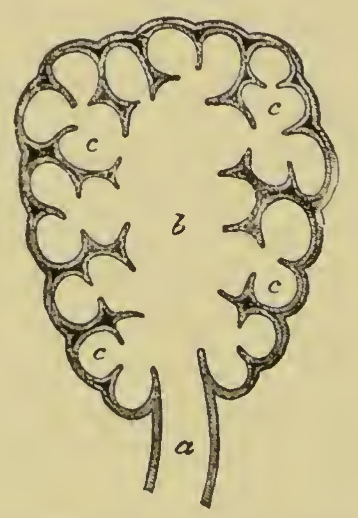

Fig. 53.—Termination of a Bronchus in an Alveolus.
a, Bronchiole. *b*, Cavity of the alveolus. *c*, Air-cells.

Within the alveolar walls exists a dense capillary network. They are placed more toward the inner side of the vesicle, being covered only by the thin lining of the air-sacs. So densely are they arranged that the spaces between the capillaries are even narrower than the diameter of the capillaries, which here are about one three-thousandth of an inch in diameter. In man between the folds of two adjacent alveoli there is found but a single layer of capillaries, while on the boundary line between two air-cells the course of the capillaries becomes so twisted that they project into the cavities of the alveoli. By these arrangements and particularly since the intervening septa are so very thin and permeable, the exposure of the blood to the air becomes very complete, as two sides of a capillary are thus exposed at the same time.

Blood-supply.—The lungs receive a copious supply of blood from two sources: (1) the *pulmonary* and (2) the *bronchial arteries.* The bronchial arteries furnish nutriment for the lung-tissues.

The Pleura.—Each lung is enveloped by a serous membrane—the pleura—composed of two layers, one of which is closely adherent to the external surface of the lung; the other adheres to the inner surface of the chest-wall. These layers are designated *visceral* and *parietal.* The visceral pleura envelops the lung, while the parietal pleura lines the thoracic wall. The two become continuous with one another at the root of the lung.

By this means two large serous sacs are formed, each distinct and separate from the other. The pleural tissue is composed of a layer of fibrous tissue covered with endothelium. During health the two layers of the pleura are always in contact with one another, just enough fluid being present between them to allow of their gliding over one another with but very little friction during the accomplishment of the respiratory acts.

Lymphatics.—These are very numerous in lung-tissue and so arranged as to form several systems.

Nerves.—The nervous supply of the lungs is from the *anterior* and *posterior pulmonary plexuses* derived from the *vagus* and *sympathetic.* The nerves enter the lungs to follow the course of the bronchi and their branches and end in the unstriped muscle.

The function of the nonstriped muscular tissue of the lungs seems to be to offer a general resistance to increased pressure within the air-passages as may occur during forced expiration, speaking, singing, blowing, etc. The vagus is the nerve which supplies motor fibers to these muscle-fibers.

MECHANISM OF RESPIRATION.

If respiration be suspended for but a very short while, soon there will be felt a lively anxiety due to the nonsatisfaction of an imperative need. The sensation of anxiey is produced by an internal sensation calling for need of breathing, it being promptly relieved by the proper introduction of air into the lungs. When the air inspired and retained becomes unfit for further oxidation, there arises another internal sensation which calls for the expulsion of that same air. Each respiratory time is, therefore, preceded by a particular sensation which commands its execution.

These two movements constitute, by their regular succession, a *complete respiration,* the purpose of which is to maintain in the lungs

regular currents which serve incessantly to renew the air altered by its contact with the blood. The mechanism for the accomplishment of respiration consists in an alternate dilatation and contraction of the chest by means of which air is drawn into or expelled from the lungs. These two acts have received the respective names: *inspiration* and *expiration.* As is known, the whole external surfaces of the lungs are in direct contact in an air-tight manner with the inner wall of the thorax, so that the lungs must be distended with every dilatation of the thoracic wall as well as be diminished in volume by every contraction of the same wall. The movements of the lungs are, therefore, for the most part, *passive,* being dependent upon the movements of the thoracic wall. This close approximation of lung to thoracic wall is dependent upon a state of elastic tension maintained within the lung, due to pressure exerted by the presence in the lung of residual air.

From these data it becomes evident that all that is necessary for the production of inspiration is such a movement of the walls or diaphragm, or movement of the two synchronously, that the capacity of the interior should be increased. By reason of this increase there would be produced a temporary vacuum in the newly acquired space, or at least a great diminution of pressure within the lungs, so that atmospheric pressure upon the outside is greater than that within. Consequently there will be generated a current of air proceeding from the outside air through the larynx and trachea into the lungs for the purpose of equalizing the air-pressure upon the inside and outside of the chest. The moment this point is reached there is cessation of the current. This incoming of the air constitutes the first of the two acts of respiration, namely: *inspiration.*

For the expulsion of the air that is no longer fit for oxidation it is evident that there must be a reverse movement of the thoracic walls whereby the chest-capacity is diminished. This act increases the pressure exerted by the contained air, with the result that as much of it is expelled along the usual avenues for its passage as is necessary to equalize the pressure upon the inside and outside of the chest. This outgoing of air constitutes the second act of respiration: *expiration.* The regular succession of these two alternating currents of air constitutes breathing, or *respiration.*

Inspiration.—Inspiration has for its motive agents the diaphragm, the scaleni, external intercostals, the sterno-cleido-mastoid, the angularis scapulæ, the small pectoral, the serratus magnus, and the trapezius fibers, with the great pectoral. All of these muscles by their contraction directly affect the expansion of the chest, with the exception of the

angularis scapulæ and trapezius, whose action is indirect. The diaphragm is, *par excellence,* the muscle of inspiration; the others do not contract very extensively except for the needs of labored or forced inspiration. The scaleni are confined to women to aid inspiration of the superior costal type, which is peculiar to the sex.

When a person is devoid of strong emotions or not engaged in work or exercise, the breathing is quiet and regular. It is then said to be of the *ordinary type* and is principally diaphragmatic in character.

When, however, the breathing is *extraordinary* in type, various other muscles are called into action.

The size of the chest-cavity is increased in *(a)* its *vertical diameter* as well as in *(b)* its lateral and antero-posterior diameters. The diameters are ascertained by means of calipers.

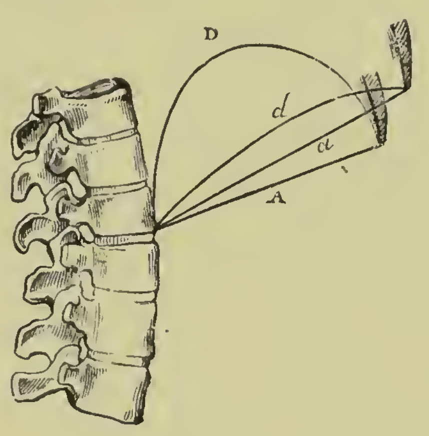

Fig. 54.—Diagrammatic Representation of the Action of the Diaphragm. (BECLARD.)

If *a* represents a plane extending in expiration from the sternum to the vertebra, and *D* the position of the diaphragm in inspiration, the plane *a* will move to *A*, while the diaphragm will descend to *d*.

From the student's study of anatomy he knows that the diaphragm when at rest and in a state of relaxation presents the general form of a dome. The peak, or convexity, of the dome points upward. The student also knows that during contraction all muscles shorten their fibers, to which law the diaphragm is no exception. By its contraction the convexity of the dome is materially diminished, thereby producing more space and *increasing the vertical diameter.* This helps very materially to produce a vacuum into which air from outside of the body is pushed by atmospheric pressure. That is, there occurs inspiration.

The diaphragm is supplied by the phrenic nerves.

In addition to the diaphragm, inspiration is aided by the raising of the ribs and sternum. Since the ribs are hinged posteriorly to the

vertebral column, it is their lateral and anterior portions which possess the most motion; that is, their direction is slightly forward and upward.

In ascending, the ribs straighten upon the spinal column, and, instead of the lower ones in particular being so oblique, are now found to occupy a more nearly horizontal plane. This increases the antero-

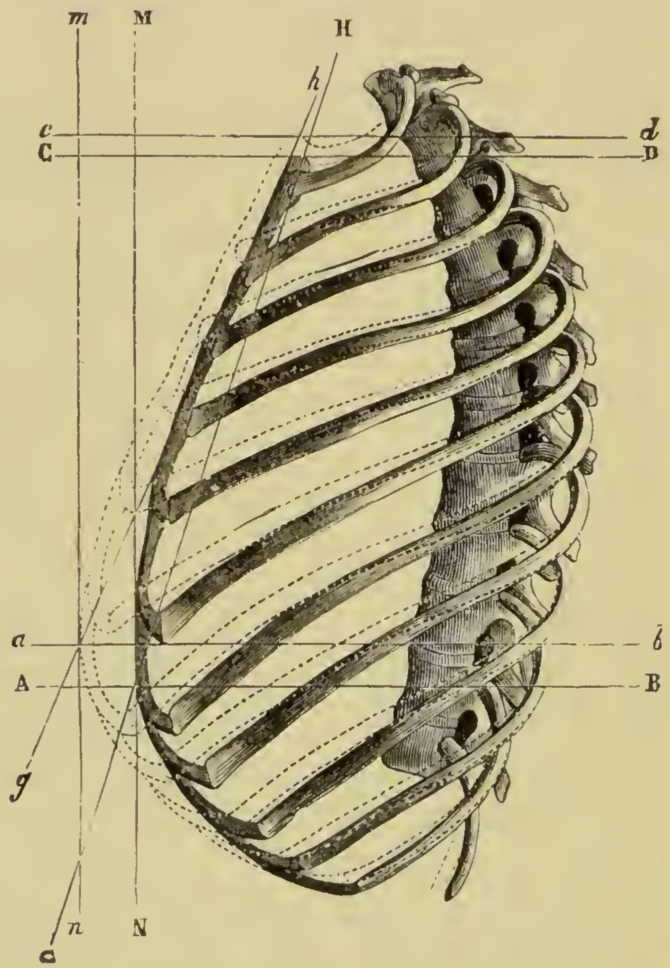

Fig. 55.—The Action of the Ribs in Man in Inspiration. (BECLARD.)

The shaded parts represent the positions of the ribs in repose. The line *A-B* represents a horizontal plane passing through the sternal extremity of the seventh rib; the line *C-D* represents a horizontal plane touching the superior extremity of the sternum; the line *H-G* indicates the linear direction of the sternum. When the ribs are elevated as indicated by the dotted lines, the line *A-B* becomes the plane *a-b*, the line *C-D*, the line *c-d*, and the line *H-G* becomes the line *h-g*, the projection of the sternum being more marked inferiorly. The distance which separates the line *M-N* from the line *m-n* measures the increase in the antero-posterior diameter of the thorax.

posterior diameter. At the same time that the ribs are raised they undergo a movement of rotation, by virtue of which they separate from the median line of the chest. It is this movement which produces an enlargement of the thorax in its lateral diameter at the same time the antero-posterior diameter is slightly increased.

During inspiration the ribs are raised, when the breathing is ordinary, by the external intercostals. The scaleni and costal elevators also are of service. When respiration is governed by the latter muscles, the lower part of the chest possesses the greater expansion. The reverse is true when inspiration is forced, for then the upper antero-posterior diameter becomes the greater.

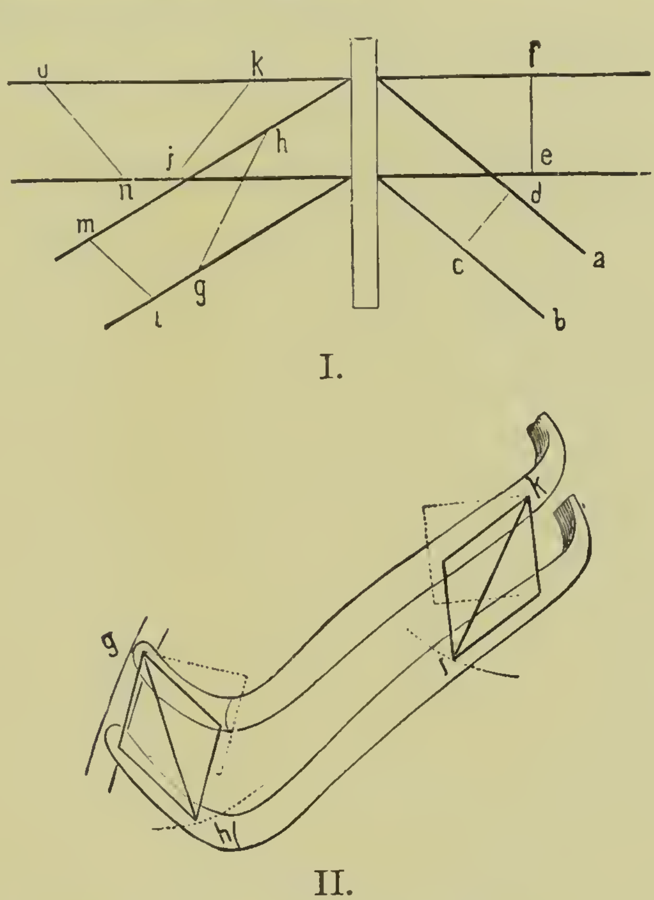

Fig. 56.—Schema of Action of Intercostal Muscles. (LANDOIS.)

I. When the rods *a* and *b* which represent the ribs are raised, the intercostal space must be widened (*e*, *f* — *c*, *d*). On the opposite side when the rods are raised the line *g-h* is shortened (*i*, *k* — *g*, *h*), the direction of the external intercostal, *l-m*, is lengthened (*l*, *m* — *o*, *n*) in the direction of the internal intercostals.

II. When the ribs are raised the intercartilaginei indicated by *g-h* and the external intercostals indicated by *l-k* are shortened. When the ribs are raised the position of the muscular fibers is indicated by the diagonals of the rhombs becoming shorter.

During *extraordinary* inspiration—as that caused by violent muscular exercise or when some pathological condition is present so that air finds its way into the chest only as the result of strong muscular effort—the other muscles are called into service.

These, the emergency muscles, are very probably the sterno-cleido-mastoids, the serrati magni, the pectorals, and the trapezii.

Expiration.—Expiration, when it is effected with the aid of muscular powers, has as its causative agents the internal intercostals, the triangularis sterni, the two oblique and transverse muscles of the abdomen, and quadratus lumborum. It is in *complex* expiration—as crying, coughing, singing, expectoration, sneezing, etc.—that the preceding muscles enter into contraction. The abdominal muscles are the most powerful in the above-named group. In general, it may be said that any and all muscles concerned in the depression of the ribs belong to the expiratory set of muscles.

On the contrary, *ordinary* expiration can be effected by the mere relaxation of those factors concerned in the production of inspiration. During this relaxation the thoracic and abdominal walls, by reason of their elasticity, compress the air-distended lungs, and by so doing compel expiration. The lung-tissue itself helps to the extent of its own elasticity. The expenditure of that power and energy necessary to produce inspiration now becomes the expiratory exponent. During ordinary and tranquil breathing this elastic recoil of the stretched components is amply sufficient to expel the air from the lungs. Thus no muscular energy is required to perform expiration.

A normal lung is never able to contract to its fullest ability, since it is always distended to some extent by reason of its cohesive attraction with the interior of the chest-walls, as well as because of the presence of a certain proportion of air within the vesicles which exerts an expansive pressure.

It is interesting to note that, though the expiratory muscles be more numerous and powerful than the inspiratory ones, it is because the former are intended especially for *complex expiration;* that is to say, violent actions, since ordinary expiration is able to be effected by the mere elasticity of the parts. During expiration the lungs, which were dilated, return upon themselves, so that they let out a quantity of air nearly corresponding to that which entered at first. The lungs, which are seen to be entirely *passive* during inspiration, can participate *actively* in expiration, particularly in such complex acts as expectoration, coughing, etc.

There are various modes of respiration among man and mammals which are usually classed under three principal types. In the *abdominal* type, characteristic among children, the ribs remain motionless and the respiratory action is revealed only by the movements of the abdominal wall; this becomes projecting during inspiration and sinks during expiration. In the *inferior costal* type, man's type, the respiratory movements take place especially at the level of the lower ribs,

beginning with the seventh. Finally, in the *superior costal*, or *clavicular*, type, the respiratory movements are very manifest only about the upper ribs, especially the first, which are carried upward and forward. The clavicle also participates in this movement. This last type is the mode of respiration peculiar to woman, who presents it very early. The state of pregnancy, which would greatly interfere with the other types of respiration, does not hinder breathing very much in this last type, since the movements take place naturally at the upper part of the chest.

The use of the corset counts for nothing in the development of this mode of respiration peculiar to women; it tends merely to exaggerate it. The superior costal type is found perfectly established in girls and women who have never worn this kind of garment.

Among animals the abdominal type of respiration is found in the horse, cat, and rabbit, and the inferior costal type in the dog.

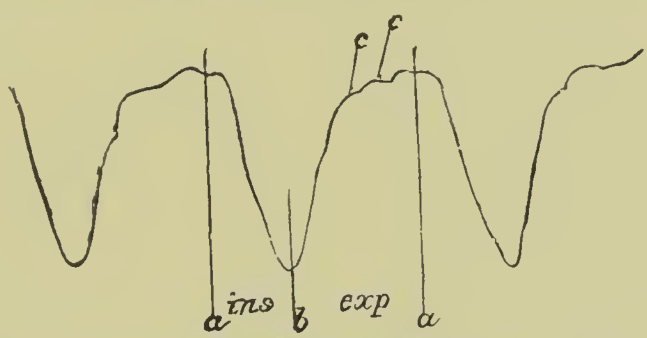

Fig. 57.—Tracing of a Respiratory Movement. (FOSTER.)

A whole respiratory movement is comprised between *a* and *a*, inspiration extending from *a* to *b* and expiration from *b* to *a*. The waves at *c* are caused by heart-beats.

The Stethograph, or Pneumograph.—To gain an exact idea of the time occupied in the various phases of respiration it becomes necessary to obtain its curve, or *pneumatogram*. The apparatus for recording these respiratory movements is termed a *stethograph*, or *pneumograph*.

The simplest form of stethograph is that of Brondgeest. It consists of a brass saucer-shaped vessel covered with a double layer of rubber membrane. The air is forced in between the two layers until the external layer bulges outward. This is placed in position on the chest by means of tapes. The cavity of the saucer-shaped apparatus communicates with a recording tambour, which writes down the movements on a revolving smoked drum.

The resultant curve, known as the pneumatogram, shows that the acts of expansion and contraction of the chest-wall consume *nearly* equal times. The ascending limb (inspiration) is begun with mod-

erate rapidity, becomes accelerated in the middle of its course, to be again slowed at its end. The descending limb (expiration) shows the same characteristics as to its construction, thereby giving a gradual fall to the curve.

INSPIRATION IS SLIGHTLY SHORTER THAN EXPIRATION.—For all practical purposes it may be stated that the average respiratory *rhythm* is: Inspiration : Expiration : : 5 : 6. However, it is known that various authors give different ratios, and in women, children, and old people 6 to 8 or 6 to 9 may be found. Immediately following expiration there is a *slight pause.*

Cases are rather rare in which the duration of inspiration and expiration are equal, or that of expiration shorter than inspiration. When the respiratory movements are studied as depicted on the pneumatogram, it is found that there is practically no pause between the end of inspiration and the beginning of expiration.

RESPIRATORY SOUNDS.

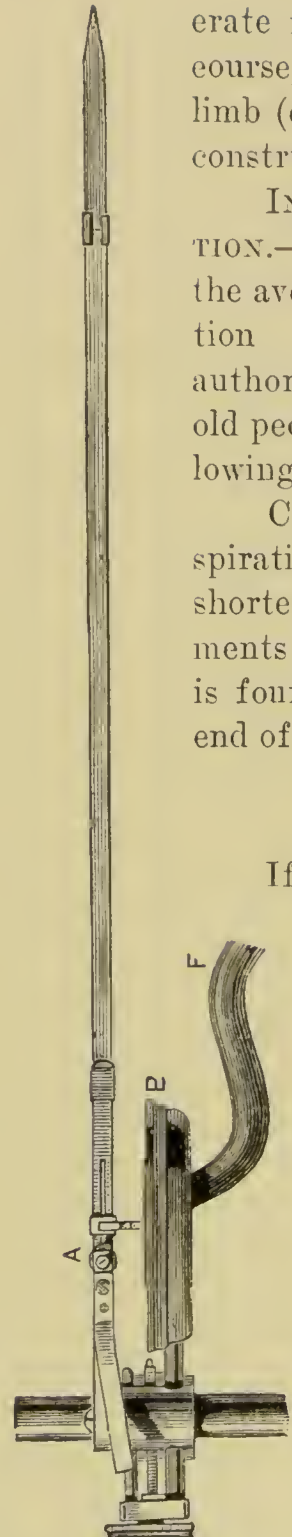

Fig. 58.—Marey's Tympanum and Lever. (SANDERSON.)

A, Lever. *B*, Tympanum. *F*, Tube which communicates with cavity of the tympanum and connects with the tracheal cannula or the cardograph.

If a stethoscope is placed over a portion of a lung at some distance away from the trachea and larger bronchi, a sound will be heard the character of which is variously described as soft or sighing, resembling the rustling of leaves in a slight wind. The sound is heard during the whole of inspiration and is followed by a short expiratory sound. The inspiratory sound is three times the length of the expiratory. It must be remembered that the movements of inspiration are to those of expiration in point of time as 5 to 6, while the vesicular sounds of inspiration is to expiration as 3 to 1. The cause of vesicular sound, according to one theory, is supposed to arise from the passing of air into and out of the alveoli and infundibula, the friction here generating a sound, aided by the sudden dilatation of the air-vesicles.

If now the stethoscope is placed over the trachea just above the suprasternal notch, two sounds are heard: one during inspiration, the other during expiration. They are of equal

length, or, if anything, the expiratory is the longer. The quality of both sounds may be described as blowing, tubular, or bronchial. The expiratory part is more intense and frequently of higher pitch. This bronchial sound is produced by air, in passing through the chink of the glottis, being thrown in vibration and imparting its motion to the columns of air in the trachea and bronchi.

In practical medicine it is inferred that, when the vesicular murmur is heard over any portion of the lung-tissue, this area being properly distended, the lung is in a healthy condition. If, however, the expiratory portion of it becomes loud and prolonged, it excites inquiry.

QUANTITY OF AIR BREATHED.

The determination of the volume of air necessary to the needs of human respiration is a problem that has received much attention. Because of a multitude of circumstances, both external as well as those that are proper to the individual himself, the figures representing the quantity of air that enters the lungs at each inspiration and the quantity that leaves them at each corresponding expiration can scarcely have more than an approximate value. Nevertheless, results agreeing sufficiently to permit of establishing an *average* of the quantity of air put in circulation during each normal respiratory movement has been arrived at. It is very generally admitted that, in an adult and healthy man, each inspiration introduces into the pulmonary apparatus about *20 cubic inches* of air.

Among the numerous observers who have occupied themselves with the study of the quantity of air put into circulation, Herbst and Hutchinson may be cited in particular. The latter's *spirometer* is the instrument which has been most frequently used to secure data in experiments along this line. It represents essentially a gasometer. It is furnished with a fixed scale and movable indicator; the latter follows the movements of the air-receiver to indicate them on the graduated scale. The receiver dips into a reservoir filled with water and communicates with the chest of the experimenter by means of a rubber tube ending in a glass or metal funnel.

To measure the volume of air concerned in exaggerated respiration, the experimenter is made to stand up, care being exercised that his chest is free from any restraint that would hinder its mobility. After several forceful inspirations and expirations, he inhales the greatest quantity of air that he can draw into his lungs. With the tube of the spirometer between his lips he then makes the fullest possible expiration.

By subjecting about two thousand persons to this test Hutchinson recognized that the quantity of air which a maximum inspiration and expiration can put into circulation varies according to the individual. It is 230 cubic inches for a man 5 feet 8 inches in stature. According to this observer, the prime factor in producing variance in pulmonary capacity is mainly the *size* of the individual.

For every inch of height from 5 feet to 6 feet, 8 additional cubic inches are given out by a forceful expiration after a full inspiration. *Vice versa,* for every inch below the 5-foot mark the capacity is diminished by the same amount.

The mobility of the thoracic walls has here a real influence. Persons with narrow chests are sometimes found who can dilate the thorax much more than those in whom the circumference of that part of the body is greater. With equal dimensions, the number indicated by the spirometer increases with the dilatability of the thorax.

The individual's capacity appears to be greatest in the period from the twenty-fifth to the fortieth year, showing a gradual increase until the latter mark is reached. From this point it begins to diminish, to become, in old age, less than it was even in youth.

Observers agree in admitting that, in woman, the maximum volume expired is perceptibly less than in man. The difference is usually represented by 50 cubic inches. Abdominal tumors, whatever their nature and the organ affected, have the constant effect of diminishing the volume of air expired; pregnancy alone has not that consequence.

If a lung from an animal be thrown into a vessel of water, it floats. If it be forcibly submerged and then squeezed, bubbles of air will find their way to the water's surface. From this little experiment the student knows that, even though the lungs be collapsed, yet they contain a certain amount of air which is not very readily expelled. This is the air which is held within the confines of the small alveoli and cannot very easily find its way through the small passageways opening into them. It follows, then, that all of the air in the lungs cannot possibly be changed during each respiration, and the amount that is changed bears a very close relationship to the type of respiration, whether it be forced or ordinary.

1. Tidal Air. — The volume of air that is introduced into the lungs during ordinary inspiration and by an adult in good health is termed tidal air. *It is 20 cubic inches.*

The tidal air finds its way into and out of only the larger bronchial vessels, where it comes into contact with the nearly stationary columns of air which extend through the smaller bronchial tubes.

The interchange between the two columns is by a *process of diffusion.* By this means does the oxygen find its way to the blood flowing through the capillaries, while the carbonic acid makes its way into the larger bronchial tubes to be finally expelled from the body.

2. **Complemental Air** is the quantity of air which we are able to inspire with the greatest effort over and above that of ordinary breathing. The average is estimated by volume as *110 cubic inches.*

3. **Reserved Air,** or supplemental air, is the quantity of air *remaining* in the lungs after an ordinary expiration which would be expelled by the fullest effort. It is considered to be about *100 cubic inches.*

4. **Residual Air** is that which remains in the lungs after the fullest possible expiration and cannot be expelled by any voluntary effort. Its volume is also *100 cubic inches.*

5. **The Vital Capacity** is the tidal, complemental, and reserved airs added together, and is *230 cubic inches.* It represents the amount of air which a person is able to expel from his lungs after the deepest possible inspiration. One-sixth of the air in the lungs is renewed at each ordinary respiration.

NUMBER OF RESPIRATIONS.

In an adult, the number of respirations per minute may vary from 16 to 24. It is usually stated that 4 pulse-beats occur during each respiration. The number is varied by the position of the body; thus, there may be counted 13 while recumbent, 19 in the sitting posture, and 22 respirations per minute while standing.

During infancy and childhood the number of respirations is always greater than in the adult. Exercise temporarily increases respiration both as to number and depth. It is believed that there is some product derived from the metabolism of muscles which acts as the respiratory stimulant.

Every athlete knows of that condition popularly termed "second wind." At the beginning of severe exercise there is a marked dyspnœa which passes away after a short time, even though the exercise be uninterrupted. It cannot be explained physiologically, but is believed to be in a very great measure cardiac.

Pathological.—Respirations may be increased by reason of fever, pleurisy, pneumonia, some heart diseases, and anæmia. Diminution is occasioned by pressure upon the respiratory center in the medulla; this occurs in coma.

PRESSURE IN THE AIR-PASSAGES DURING RESPIRATION.

It has been previously stated that even after the deepest expiration the lungs are never completely collapsed. They are still "on the stretch" by reason of the elastic fibers contained in them. These fibers, acting in direct opposition to the external atmospheric pressure, diminish the amount of pressure within the thoracic cavity. It has been found that in man the elasticity of the lungs themselves equals 6 millimeters of mercury.

The reason for the collapsing of the lungs when the chest is opened is that the pressure upon the pleural and alveolar surfaces is now equal, being that of the pressure of the atmosphere. The pressure of the residual air was sufficient to overcome the elasticity of the muscular fibers of the lungs. As long as the chest-wall was unopened the lungs contracted only until their elasticity was just balanced by the outward pressure of the contained air. In intra-uterine life, and in stillborn children who have never breathed, the lungs are completely collapsed (atelectasis). If the lungs be once inflated they never completely collapse so long as the thoracic walls be not pierced.

When a manometer was attached to the trachea of an animal so that its respirations proceeded unchecked, every inspiration showed a negative pressure, every expiration a positive pressure. An observer placed a U-shaped manometer tube in one of his nostrils, closed his mouth, let the other nostril open, and then respired quietly. During every inspiration there was a negative pressure of 1 millimeter of mercury, and during expiration a positive pressure of from 2 to 3 millimeters.

Forced respirations produce great variations from the above figures. The greatest negative pressure averaged — 57 millimeters of mercury during inspiration; the maximum positive pressure during expiration averaged + 87 millimeters.

The greater part of the force exerted in deep inspiration is used in overcoming the resistance offered by the elasticity of the lungs, the raising of the weight of the chest, and depressing the abdominal contents. These resisting forces acting during expiration aid the expiratory muscles; from this it follows that the forces concerned in inspiration are much greater than those of expiration.

Expiration is longer and stronger than inspiration, but the sound of inspiration is longer than that of expiration.

THE FUNCTION OF THE UNSTRIPED MUSCLE OF THE BRONCHIAL SYSTEM.

If a dog be curarized, the interior of a small bronchus be connected with a recording instrument (the chest being opened), and a vagus be divided, there will be a marked expansion of the bronchi. If the peripheral end of the vagus be stimulated, then a strong contraction of the bronchus will ensue. It is evident here that the smooth muscles of the bronchi are under the influence of the pneumogastrics. These effects could also be called out in a reflex manner. This explains asthmas due to reflex irritations transmitted to the centers of the vagi. Atropine and lobelina paralyze the vagus ending in the bronchial muscles, which explains their utility in spasmodic asthma.

VARIOUS FEATURES OF RESPIRATION.

Nasal Breathing.—During ordinary, quiet breathing most people breathe through the nostrils, keeping the mouth closed. This is very proper and there are certain advantages to be derived by so doing. Thus, in the passage of the air through the nostrils, whose walls are narrow and somewhat tortuous, the air is not only *warmed,* but rendered *moist* as well. By this means there is prevented the irritation occasioned by cold, dry air upon the lining mucous membrane. In addition, the smaller foreign particles are caught by the mucous lining and carried outward by the instrumentality of the ciliated epithelium.

Pathological.—Pulmonary œdema, which is a transudation of lymph into the pulmonary alveoli, occurs (1) when there is very great resistance to the blood-stream in the aorta and its branches; (2) when the pulmonary veins are occluded; (3) when the left ventricle, owing to mechanical injury, ceases to beat, while the right ventricle continues in its contraction.

Injection of muscarine rapidly produces pulmonary œdema by reason of increased pressure and slowing of the blood-stream in the pulmonary capillaries. The effects of this drug are counteracted by atropine.

Relation of Respiration to the Nervous System.—Movements of respiration are entirely dependent upon the nervous system. They are nicely balanced actions, performed by voluntary muscles under the guidance of a special presiding nerve-center, namely: the *respiratory center.* Through its influence the muscles of inspiration and expiration are kept working rhythmically and regularly, whether the

individual be awake or sleeping. There are constantly proceeding from the center co-ordinated impulses to the muscles involved. However, the muscles being voluntary, they may be controlled momentarily by the will, and respiration be made entirely to cease for a minute or two. Soon Nature's cry for oxygen becomes so strong that the will is overcome and respiration is begun again under the supervision of the respiratory center.

The Respiratory Center.—This center is located in the medulla oblongata, in the formatio reticularis, behind the superficial origin of the vagi and on both sides of the posterior aspect of the apex of the calamus scriptorius. Flourens, its discoverer, found that, when destroyed, respiration ceases at once and the animal dies. Hence he termed it "the vital knot." It is a bilateral center; that is, it has two functionally symmetrical halves, one on each side of the median raphé. If separated by means of a longitudinal incision, the respiratory movements continue symmetrically on both sides. Destruction of one-half of the medulla is attended with paralysis of respiration only on that side, seeming to prove that each half of the center is particularly concerned in the respiratory muscles of its own side.

During ordinary breathing impulses are sent from the respiratory center along the phrenics to the diaphragm and along the intercostal nerves to those muscles which elevate the ribs. Impulses and messages *to* the center find their way along the fibers of the vagi nerves.

While it seems to be undisputed that the principal respiratory center lies in the medulla and upon it depends the rhythm of the respiratory movements, yet there have been found other and *subordinate* centers located in the cord. These, however, are reinforced by the main one in the medulla.

The cutaneous nerves also exercise some effect upon respiration. The most marked influence is exerted by those of the face (trigeminus), abdomen, and chest. Both thermal and mechanical stimuli easily excite them.

Mechanical stimulation of the sensory nerves is sometimes resorted to by midwives. It is well known that to arouse a sluggish respiratory center they resort to slapping the buttocks of a newborn child.

During the act of deglutition there is a very necessary cessation of breathing for a short period. This is caused by stimulation of the central end of the glosso-pharyngeal nerve.

Section of the cord just below the medulla produces an arrest in the movements of not only the intercostals, but even the diaphragm. Section of one phrenic nerve paralyzes the corresponding half of the

diaphragm; division of both nerves causes entire cessation of movement of the diaphragm. The phrenic nerves take an active part in the function of respiration. When these nerves are bared and irritated there is noticed a rapid movement of the abdomen produced by contraction of the diaphragm. The spasmodic movement is repeated at each irritation so long as the tissue of the nerve remains uninjured. If instead of mechanical, an electrical irritant be applied, the diaphragm is thrown into a state of tetanic contraction and produces

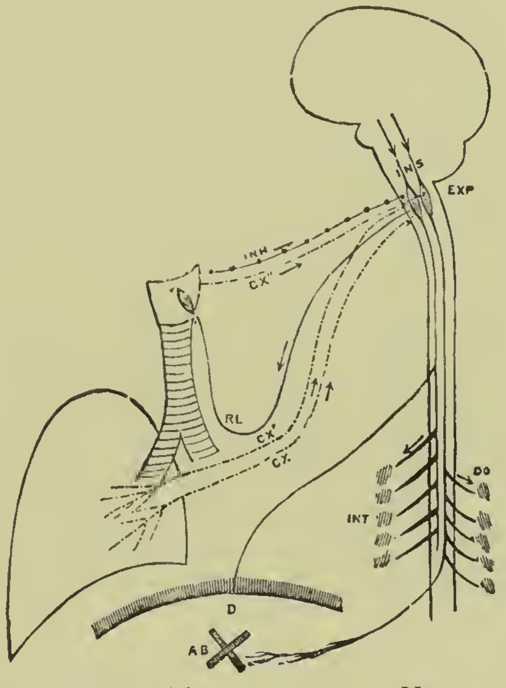

Fig. 59.—Scheme of the Chief Respiratory Nerves. (LANDOIS, *after Rutherford.*)

INS, Inspiratory center. *EXP*, Expiratory center. Motor nerves are in unbroken lines; expiratory motor nerves to abdominal muscles, *AB;* to muscles of back, *DO;* inspiratory motor nerves, phrenics to diaphragm, *D*. *INT*, Intercostal nerves. *RL*, Recurrent laryngeal; *CX*, pulmonary fibers of vagus that excite inspiratory center. *CX'*, Pulmonary fibers that excite expiratory center. *CX''*, Fibers of superior laryngeal that excite expiratory center. *INH*, Fibers of superior laryngeal that inhibit inspiratory center.

death from asphyxia. As the irritability of the phrenic nerve remains a long time after death, it becomes easy to demonstrate these phenomena without causing any pain.

After section of the vagi the heart's movements become more rapid and the respirations slower. At the end of some minutes the nares dilate a little, inspiration is accompanied with a slight noise, an indefinite restlessness seems to seize upon the animal from head to foot; it moves about frequently, and raises and lowers the head as if there were a constriction of the throat. At length the anxiety

of the animal disappears; it is calm and quiet; respiration is slow and the beats of the heart augment in frequency. Finally the animal dies from an affection of the lungs known as vagus pneumonia. For a time after the section the amount of carbonic acid exhaled and of oxygen taken in remain the same, but finally they are much changed. The animals usually live seven days, but Pawlow has succeeded, by dividing one vagus and then waiting some time before dividing the next one, in keeping them alive.

Instead of tying or dividing the vagi, a galvanic current may be sent through them. There will follow disturbances of the vascular system, particularly the heart; so that death follows in a short time. If the central end of a divided vagus be irritated by a strong induction current, there is produced a strong degree of excitation in the medulla oblongata. It sends out impulses along motor nerves which arrest respiration in a state of inspiration, due to tetanus of the diaphragm.

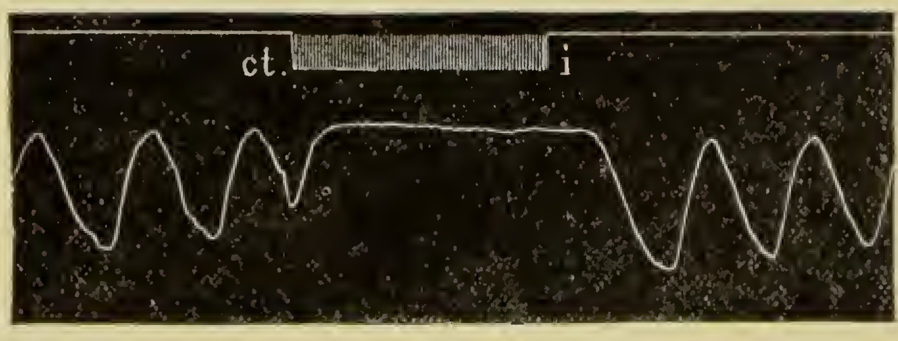

Fig. 60.—Arrest of Respiration in State of Expiration. (Hedon.)
By irritation of the central end of the vagus in a chloralized dog.

Stimulation of the central end of the superior laryngeal calls out an expiratory arrest. Each half of the respiratory district, termed a center, consists of two minor centers, which are in an alternate state of activity. The one center is *inspiratory;* the other, *expiratory.* Each one forms the motor central point for the acts of inspiration and expiration. The co-ordinated impulses proceed from these centers in the medulla along the nerves which supply the muscles of respiration and the associated muscles of the face, nose, and larynx.

The activity of the *respiratory* center is excited by irritation of the sensory nerves, either cutaneous or pulmonary. It may also be stimulated by the accumulation of carbonic acid in the blood, producing dyspnœa; diminution of oxygen and the presence of heat are also noticeable factors. According to some observers, the acid substance formed in the blood when the muscles are greatly exercised also stimulates the inspiratory center.

The functions of the *expiratory* center, on the contrary, are diminished or even paralyzed by a strong excitation of the sensory nerves. Excess of oxygen and carbonic acid in the blood, or increased intracranial pressure, produce similar effects.

The consensus of opinion among physiologists now seems to be in favor of considering the activities of the respiratory center as purely *reflex,* and that the vagus is the principal nerve concerned in the reflex activities.

Hering and Breuer put animals in a state of apnœa by repeatedly filling the lungs with air by a bellows. Then when the chest was greatly distended the tracheal cannula was closed and the thorax kept in that position. The first movement with a distended chest was one of expiration. Then after the animal was again made apnœic by repeated insufflations, the air was sucked out of the chest, the tracheal cannula closed, and the chest kept in that position. The first movement to be made was one of inspiration. These two kinds of experiments show that dilatation of the chest irritates the fiber-ends of the vagus in the lung, which carry impulses to the expiratory center to call out an expiration. The collapse of the lungs shows that this act excites the fiber-ends of the vagus, which carry impulses to the inspiratory center to call out an inspiration. Hence the knowledge that in the vagus we have fibers of two kinds: one calling out expiration when an ordinary inspiration is made, the other calling out inspiration when an ordinary expiration is made. So that every act of inspiration calls out an expiration and every act of expiration calls out an inspiration.

Apnœa.—When a dog has frequent insufflations of air through a tracheal cannula by means of a bellows, there ensues an arrest of respiratory movements for a short time. Rosenthal believed this to be due to an excess of oxygen in the blood and that the respiration centers were not excited because of this excess in the tissues. Fredericque lately, by cross-circulation in the head of one dog with blood from another dog, has been able to produce apnœa which remains a long time if the other dog continues to receive exaggerated pulmonary insufflations. This apnœa is not due to an augmentation of the oxygen, but to a deficiency of carbonic acid. The arrest that ensues in a dog by frequent insufflation of hydrogen instead of oxygen is, according to Fredericque, due to irritation of the vagus fibers, which call out an expiration-arrest and which is a simulated apnœa.

Asphyxia.—In considering the phenomena of asphyxia, it is necessary to distinguish between rapid asphyxia, produced by complete obstruction to the entrance of air, and slow asphyxia, which is grad-

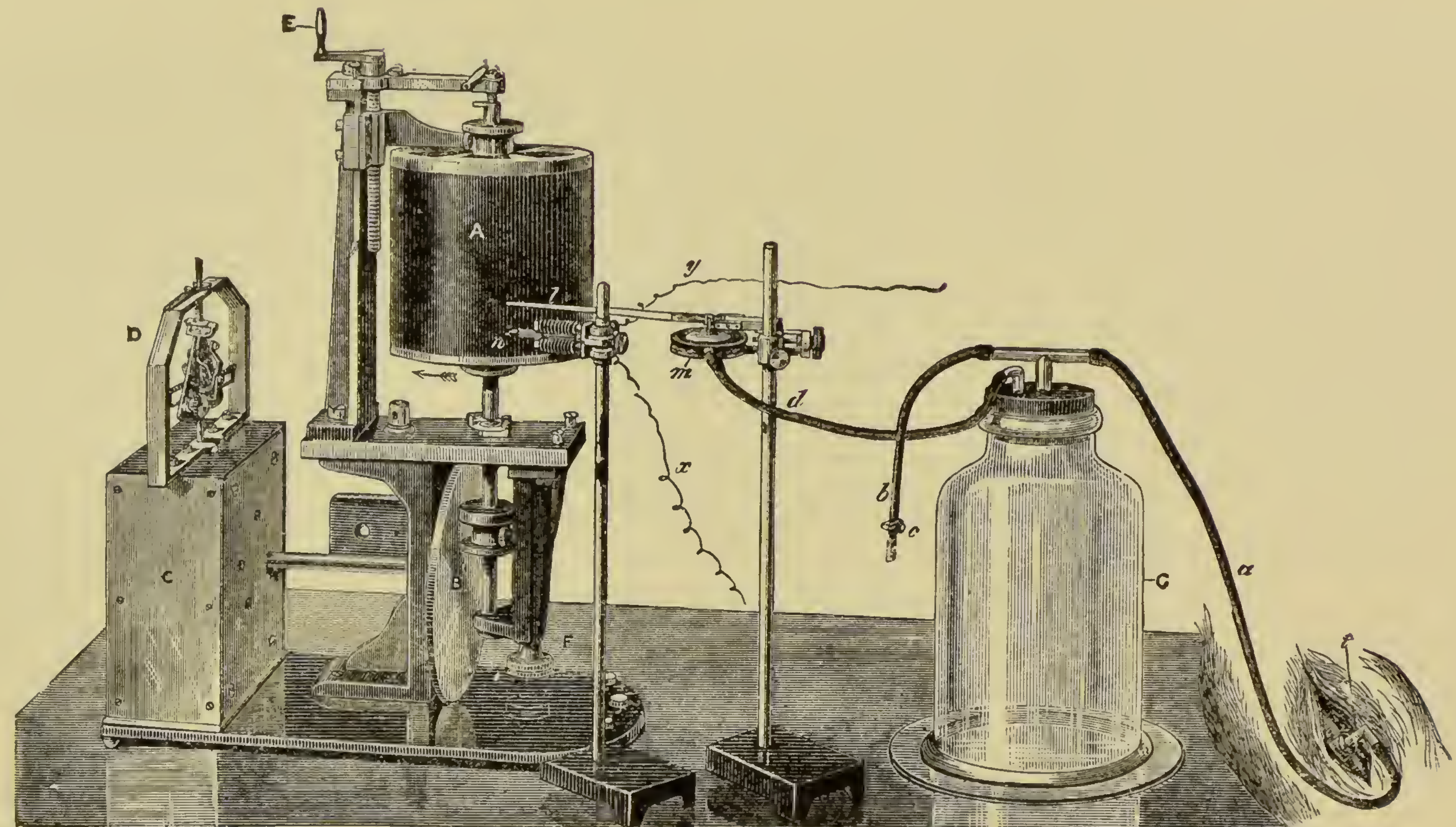

Fig. 61.—Apparatus for Taking Tracings of the Movements of the Column of Air in Respiration. (FOSTER.)

The recording apparatus shown is the ordinary cylinder recording apparatus. The cylinder *A*, covered with smoked paper, is, by means of the friction-plate *B*, put into revolution by the spring clockwork in *C* regulated by Foucault's regulator *D*. By means of the screw *E* the cylinder can be raised or lowered, and by means of the screw *F* its speed may be increased or diminished. The tracheotomy tube, *t*, fixed in the trachea of an animal is connected by India-rubber tubing, *a*, with a glass T-piece inserted into the large jar, *G*. From the other end of the T-piece proceeds a second piece of tubing, *b*, the end of which can be either closed or partially obstructed at pleasure by means of the screw-clamp, *c*. From the jar proceeds a third piece of tubing, *d*, connected with a Marey tambour, *m*, the lever, *l*, of which writes on the recording surface. When the tube *b* is open the animal breathes freely through this, and the movements in the air of *G* and consequently in the tambour are slight. On closing the clamp *c* the animal breathes only the air contained in the jar, and the movements of the lever of the tambour becomes consequently much more marked. Below the lever is seen a small time-marker, *n*, connected with an electromagnet, the current through which coming from a battery by the wires *x* and *y* is made and broken by a clockwork, or metronome.

ually established. The phenomena of asphyxia are divisible into three stages, which are easily observed in animals, especially in the dog.

In the *first stage,* which lasts about a minute, the phenomena of dyspnœa appear in the beginning, the forced inspiratory movements are very marked, especially for the thoracic muscles; the abdominal muscles then contract forcibly. At the end of the first minute convulsions appear, which at first are purely expiratory and afterward accompanied by spasms, more or less irregular, of the limbs, especially the flexor muscles.

In the *second stage,* which lasts about the same length of time, the convulsive actions cease, sometimes quite suddenly; the expiratory movements at the same time are scarcely perceptible, the pupil is dilated, the eyelids do not close when the cornea is touched, reflex actions have ceased, all the muscles except the inspiratory are in a state of relaxation, and the arterial pressure is elevated. In fact, a state of general calm ensues, which contrasts forcibly with the agitation of the first stage.

In the *third stage,* which lasts from two to three minutes, the inspiratory movements become more feeble and widely separated, the extraordinary muscles of inspiration contract spasmodically, stretching convulsions ensue, and opisthotonos is present. The nostrils are dilated; convulsive, yawning movements take place; and death closes the scene.

The phenomena of slow asphyxiation follow the same course, but with less rapidity.

Circulatory Effect of Asphyxia.—The circulation does not change until the second period of asphyxia. During the convulsive stage, and particularly toward its close, the heart enlarges to double its former dimensions. This enlargement is due to the lengthening of the diastolic interval and to the quantity of blood contained in the great veins, which, in fact, are so distended that, if cut, they spurt like an artery. The arterial pressure at first rises and then falls from 160 millimeters to 20 millimeters. These changes are explained as follows: The increase of carbonic acid stimulates the vasoconstrictor center and thus causes general contraction of the arterioles. The immediate result is the filling of the venous system, in the production of which result the contraction of the expiratory muscles of the trunk and extremities co-operate powerfully. The heart, being abundantly supplied with blood, fills rapidly during diastole and contracts vigorously. In consequence of these conditions and the vasomotor constriction, the arterial pressure rises. But the last effect is only tem-

porary; the diastolic intervals are lengthened by the excitation of the vagus center by the carbon dioxide, the vasomotor center is paralyzed, and the weakness of the heart is due to a deficit of oxygen in the blood. Then the heart soon passes into a state of diastolic relaxation and greatly enlarges. Its contractions become more and more ineffectual until they finally cease, leaving the arteries empty, the veins full, and the right side of the heart engorged with blood.

In slow asphyxia, as in death by membranous croup, there is a feeling of painful constriction around the larynx and sternum, yawns, gapings, and vain efforts to breathe, with dimness of sight, buzzing in ears, and vertigo, soon followed by loss of consciousness. The face and lips are tumefied and livid; the eyes watery and projecting; the conjunctiva injected; the jugular veins distended with blood; the nose, ears, hands, and feet have a violet color; the whole skin presents spots like bruises; the heart movements are uneven and intermittent, and grow weaker and weaker; finally the respiratory movements become less and less frequent, soon cease altogether, and almost at once the heart stops and the body is motionless in death.

As regards mammals particularly the age affects the rapidity of death from suffocation. In fact, the newborn of this class of animals resist the suppression of respiration very much longer than adults. This accords with the instances of newborn infants which, having been found in pools of water, or even in water-closets, have been preserved alive, although the time passed since their immersion permitted but little hope of saving them.

Artificial Respiration in Asphyxia.—In cases of suspended animation artificial respiration *must* be performed. Care should be taken first to remove any foreign bodies or froth from the mouth and nose. Draw forward the patient's tongue and keep it projecting beyond the teeth. Remove all tight clothing from about the neck and chest. For relieving asphyxia by dilating and compressing the chest so as to cause an exchange of gases there are several methods. Chief among these are Sylvester's and Marshall Hall's.

In the Sylvester method the tongue is pulled forward to prevent any hindrance to the entrance of the air into the windpipe. Expansion of the chest is produced by drawing the arms from the sides of the body and then upward until they almost meet over the head. Bringing the arms down to the sides again, causing the elbows almost to meet over the pit of the stomach, produces contraction of the chest. The rate of elevation and depression of the arms should be about sixteen times per minute.

In the Marshall Hall method the person is placed flat upon his face, gentle intermittent pressure being made upon the back with one's hands. The body is then turned on the side and a little beyond, then upon the face again, and the same pressure continued as at first. The entire body must be worked simultaneously, the same number and frequency of these artificial processes of respiration being employed as in the Sylvester method. In the Laborde method rhythmical traction of the tongue is made.

In artificial respiration a bellows may be employed in a gentle manner so as not to rupture the lung.

Modified Respiratory Movements.—As to breathe is to live, the modes of breathing indicate the modes of life. We see unfolded in a series of modifications of the respiratory act many of the sensations and emotions which man experiences in the course of his existence. His birth is announced by a cry, which seems the expression of a first pain; his death is revealed by a sigh in which his last suffering is breathed out. In the number of his days there are very few devoted to laughter. There are more for sobs. Yawning often expresses his weariness; straining, the severity of his labor; sneezing, coughing, and expectoration are so many means that Nature employs to struggle against uncomfortable or painful sensations. All of these result from modifications of respiration. Hiccough is only manifested with their aid. Voice or speech, the supreme attribute of man, is only a particular mode of respiration.

SIGHING.—A large inspiration, slowly executed and followed by a rapid and sonorous expiration, constitutes the *sigh*. In normal conditions of respiration, in about every five or six inspirations there is one which is longer than the others; it is really a slight sigh. It is supposed that this longer inspiration supervenes whenever oxidation of blood needs to be accelerated. It takes place without participation of the will; in fact, it is one of those movements called *reflex*. The nervous center reacts spontaneously by reason of a painful impression received because of the accumulation of the venous blood in the right cavities of the heart. The unpleasant effect of sad emotions upon oxidation of blood explains why sighs are given at such times. Their contagious nature is due entirely to sympathy.

THE YAWN differs from the sigh more by its mechanism than by its causes or effects. The needs of oxidation of blood call it forth in the same manner as the sigh is elicited. But, whereas the sigh *may* be voluntary, the yawn is always involuntary. It is not easy of imitation, since it is purely reflex; a person usually will not yawn if the

need of doing it does not exist. Besides its relation to oxidation, it also expresses painful sensations in the stomach, hunger, or a feeling of torpor at the approach of sleep.

THE HICCOUGH cannot be compared with the acts connected with respiration, except by the noise accompanying it. It is a spasmodic contraction, abrupt and involuntary, of the diaphragm with coincident contraction of the glottis. The air, drawn rapidly into the chest by the convulsive contraction of the diaphragm, breaks upon the outstretched lips of the glottis, where is produced the sound characteristic of hiccough. The ordinary causes for this phenomenon are engendered in the stomach by the too rapid introduction of alimentary substances, by alcoholic drinks or those charged with carbonic acid, and by certain foods. It can also result from a special state of the nervous centers.

COUGHING usually arises from an irritation in the laryngeal passage; the irritating effect of the sensory filaments of the larynx reaches a certain intensity; there is then a deep inspiration, which is followed by a sudden and strong expiration.

Coughing can be produced voluntarily, but it is more often caused by reflex action, which it is generally impossible to resist. A cold draught on the skin or a tickling of the external auditory meatus will provoke a cough in some people.

LAUGHING and SOBBING have this feature in common: they have their seat in the chest and face at the same time. They act especially upon the same muscle: the diaphragm. In the face they differ in that one has its own particular seat in the region of the eye, the other around the mouth. The same muscles, the same nerves, produce sobs and laughter. Their movements of inspiration and expiration are, however, accompanied by their own characteristic sounds.

SNORING is due to vibration of the soft palate.

CHEYNE-STOKES RESPIRATION.—This is a peculiar modification of the respiratory movements which is seen in certain pathological conditions, as in fatty heart, atheroma of the aorta, certain apoplexics, and in uræmia. It has even been noted in healthy children during sleep. It consists of respiratory pauses alternating with a series of respirations till a maximum depth and rapidity is reached; after this climax they gradually diminish till they end in another pause. Certain drugs—chloral is one—may cause Cheyne-Stokes respiration.

Cheyne-Stokes respiration rhythm is to the respiratory system what the Traube-Hering rhythm is to the circulatory system. Both arise in their respective centers in the medulla oblongata.

The pause in Cheyne-Stokes respiration is somewhat less than

half of the duration of the active period. During the pause the pupils are contracted and inactitive; when respiration begins again they become dilated and sensitive to light. The eyeball is usually moved at the same time.

CHEMISTRY OF RESPIRATION.

Looked at from a chemical point of view, respiration presents the following phenomena: (1) absorption of oxygen; (2) exhalation of carbon dioxide; (3) release of a certain quantity of nitrogen; (4) exhalation of vapor of water.

It has been previously stated that at each normal respiration of atmospheric air but one-sixth of the air within the lungs is changed. This current does not actually penetrate beyond the largest bronchial tubes. The air which finds its way into the bronchioles and air-vesicles *does so by diffusion.*

The student has already learned that the normal lung contains within it a certain quantity of air which cannot be expelled by the strongest expiration: residual air. This air is contained within the alveolar air-spaces; its exchange with the atmospheric air is accomplished by the slower processes of gaseous diffusion. The difference in the amount and pressure of the two gases—oxygen and carbonic-acid gas—is the real explanation of the current-movement of the two. The CO_2 moves outward, the O inward. The interchange is aided by the heart-movements, also. When the heart contracts (systole) it occupies less space in the thorax than it does during relaxation (diastole). Hence, air is sucked in or pushed outward through the open glottis by these movements.

A glance at the anatomy of lung-structure reveals the fact that the alveoli are surrounded by a dense network of capillaries. Some of the capillaries even project into the air-spaces. These conditions make more easy the processes of diffusion.

Some of the oxygen from the respired air passes into the blood to form a loose, chemical combination with the hæmoglobin of the red corpuscles: oxyhæmoglobin. This gives to the blood its red color, making it arterial. At the same time there is diffusion of carbonic acid from the impure, venous blood into the alveolar compartments. Gradually it rises in the air-vesicles and bronchioles until it finds its way into the current of air in the larger bronchioles, by which it is expelled from the system. With this rise of carbonic acid in the alveolar air there is a corresponding descent of oxygen for purposes of oxygenation. The oxyhæmoglobin of the blood is carried along

by the blood-stream to the tissues (the real seats of respiration), where it becomes disengaged to unite with the tissue-cells. In the production of heat and energy it has united with the carbon of the tissues to form carbonic acid and with the hydrogen to form water. That which is not used up at once constitutes a reserve supply in the tissue to be used as occasion demands.

It has been ascertained that the quantity of oxygen absorbed within a given time is not found entirely in the carbonic acid exhaled by the animal during the same time. Consequently one can scarcely consider the oxygen as employed solely in burning carbon or in forming carbonic acid. Thus, animals draw from the surrounding atmospheric medium a quantity of free oxygen which attacks the ternary and quaternary materials of the organisms. These then exhale carbonic acid and water as the result of the respiratory combustion, together with a small quantity of nitrogen. The latter proceeds from the destruction of a certain proportion of the nitrogenized substances of the blood and tissues. As an animal can keep its weight the same during these combustive changes, it must be admitted that the carbon, hydrogen, and nitrogen thus lost must be unceasingly renewed by the food it ingests and digests.

It is impossible to observe any constancy in the quantity of the products consumed or exhaled while searching into the amounts of oxygen absorbed and carbonic acid given off by man in a certain time. The chemical phenomena of respiration are, in fact, of such extreme changeableness, due to the variety of causes, that physiologists can scarcely know them all.

The expired air is richer in CO_2 than inspired. It contains 4.38 volumes per cent. of this gas, and consequently a hundred times more CO_2 than the air inspired.

The air expired is poorer in oxygen. It contains 16.03 volumes per cent. of this gas, which is about 4.78 volumes per cent. less than the inspired air. These figures show that the absorption or loss of oxygen is greater than the elimination of CO_2. This further substantiates the statement that all of the oxygen absorbed does not appear in the form of carbonic acid.

So often in the study of physiology the student's attention is called to the fact that the movements of the fluids of the body are always in the direction of higher to lower pressure. The explanation of the exchange of gases held in loose combination in the blood and those comprising the atmospheric air in the lungs is another interesting study of difference of pressure.

The exchange depends upon the law of "dissociation of gases," and is as follows: "Many gases form true chemical compounds with other bodies when the contact of these bodies is effected under such conditions that the partial pressure of the gases is high. The chemical compound formed under these conditions is broken up whenever the partial pressure is diminished, or when it reaches a certain minimum level, which varies with the nature of the bodies forming the compound. Thus, by alternately increasing and decreasing the partial pressure, a chemical compound of the gas may be formed and again broken up." (Landois.)

The CO_2 and the O in the blood form certain loose combinations which follow this law exactly. These gaseous compounds, as they circulate with the blood-stream, find conditions of high and low pressure enveloping them, whence they take up and give off their respective gases. As the pressures vary, so does the dissociation of the gases.

Thus, the oxygen-carrying elements of the blood, the hæmoglobin of the red corpuscles, as it reaches the pulmonary capillaries is poor in O. The air adjoining them in the pulmonary alveoli is rich with O. The low-pressure hæmoglobin unites with the high-pressure O to form the loose compound oxyhæmoglobin. Later, the oxyhæmoglobin meets with tissues poor in oxygen and which need this element for their combustion. There is a dissociation from a higher to a lower pressure whereby the tissues receive their needed supply. The corpuscles must needs receive replenishment again from the alveolar oxygen, and in this way the circle is completed.

On the other hand, the blood in contact with the body-tissues meets a high pressure of CO_2. By reason of which compounds are formed containing CO_2, in which form they reach the air-vesicles in the lungs. The inspired air contained within the air-vesicles has a much lower partial of CO_2 than that contained in the venous blood coming from the tissues. Hence, the dissociation of the CO_2 from the blood to the vesicular air, finally to make its exit along the bronchioles, bronchi, trachea, etc., to the atmosphere. Bohr, of Copenhagen, believes the epithelial cells of the air-cells have the power to excrete carbonic acid and absorb oxygen independent of the differences in tension of the gases.

The temperature of the air expired is greater than that of the air inspired, and is but a trifle lower than the body-temperature. Though the temperature of the surrounding atmosphere vary, that of the expired air remains nearly the same.

The *volume* of the air expired is greater than that of the air inspired, by reason of the increase in temperature and the contained watery vapor. If, however, it be dried and reduced to the same temperature as the inspired air, there will be a diminution of volume: about one-fiftieth.

The *respiratory quotient* is the relation between the volume of oxygen absorbed and the volume of carbonic acid eliminated. That is:—

The respiratory quotient $= \dfrac{\text{volume of } CO_2 \text{ given off}}{\text{volume of O absorbed}}$. Normally it is about $\dfrac{4.38}{4.78} = 0.9$.

This quotient varies, however, with the nature of the chemical composition of the foods ingested. With the hydrocarbons the quotient approaches unity. The carbohydrates contain in their molecules enough oxygen to oxidize their hydrogen; all that remains for the inspired oxygen is to burn up the carbon. The fats and albumins, on the contrary, possess too little oxygen to burn all of the hydrogen and nitrogen they contain. Hence all of the oxygen is not found in the CO_2 eliminated, and the respiratory quotient falls to 0.75. On a mixed diet the quotient is intermediate between 0.9 and 0.75. In plants the respiratory quotient, especially in starchy ones, is equal to 1.0. In fatty seeds the respiratory quotient is 0.6 to 0.8.

Muscular activity augments the gaseous exchanges and so makes the respiratory quotient approach a unit. All things being equal, a man absorbs more oxygen and exhales more carbonic acid than a woman. The exchanges are increased in the latter during pregnancy.

During sleep the consumption of oxygen and the elimination of CO_2 diminish about one-fourth. This decrease depends upon muscular and intellectual repose, darkness, etc. The cells of the tissues determine the amount of oxygen needed, and *not* an excess of the oxygen present. The intramolecular changes take place in the cells of the tissue, and not in the blood. The amount of water thrown off daily is about a pound; of oxygen taken in, about a pound and one-half; and of carbonic acid thrown off, a little more than a pound and a half.

In human blood the average total gases are estimated to be, in round numbers, 60 volumes per cent. at 0° C. and 760 millimeters' pressure, made up as follows:—

	Arterial Blood.	Venous Blood.
Oxygen	20	8 to 12
Nitrogen	1.4	1.4
Carbonic acid	39	46

The above table represents the average composition of the gases contained in man's blood.

A considerable attraction exists between the particles of solid, porous bodies and gases, whereby the latter are condensed within the pores of the solid bodies; that is, the gases are absorbed. Fluids can also absorb gases. One of the functions of the blood is to carry oxygen from the lungs to the tissues and carbon dioxide from the tissues back to the lungs for expulsion from the economy. These two gases, together with nitrogen, present themselves in two different states in the blood. The blood, a fluid, must very naturally absorb gases also. Hence one would expect to find O, CO_2, and N held in solution, and that these gases should behave according to Dalton's law: the amount of gas dissolved in a liquid varies with the pressure of the gas; the higher the pressure, the greater the amount of gas dissolved. But oxygen held in the blood disregards Dalton's law, since its proportions in the blood in various parts of the body remain fairly constant no matter what the pressure. Hence, it owes its presence in and obeys laws dependent upon its being in the form of loose chemical combinations. If the oxygen were mainly held in solution, then would the blood give it up in a forming vacuum in direct proportion to the falling oxygen-pressure. That these conditions do not follow tends to establish the fact that the oxygen is held by some *chemical union*. Experimental physiologists also tell us that in their work they notice that very little O is given off in a forming vacuum until a very much reduced pressure is reached, when there is a sudden evolution of the gas, just as though it had been freed from some restraining influence. The restraint is now generally accepted to be the chemical union before mentioned.

Physiologists admit to-day that the major portion of the oxygen of the blood is contained in the red corpuscles, which are the special messengers for carrying it to the different tissues. Their capacity for holding oxygen is nicely demonstrated by the following simple experiment: Serum, without corpuscles, is agitated in the presence of oxygen. The amount of oxygen absorbed is found to be less than half what would be taken up by the same amount of serum containing red corpuscles.

The oxygen, being preferably united with the corpuscles, is joined to them in a very unstable combination. The affinity is just strong enough to facilitate the conveyance of the gas in the circulatory system, yet not so strong but that it may attack the combustible materials of the tissues. Oxygen united chemically with hæmoglobin forms oxy-hæmoglobin.

However, it must be kept in mind that *some* of the oxygen is contained in the *blood-plasma,* where it is in simple solution and obeys the laws of Dalton.

There can scarcely be any doubt of the source of the oxygen contained in the blood, for it evidently comes from the atmospheric air, of which it forms one of the elements. It represents the indispensable agent of most of the transformations which take place in the heart of the general economy.

Ehrlich's experiments with methylene blue and other similar pigments show the intense affinity of the tissues for oxygen.

Relation of CO_2 in the Blood.—Carbonic acid must be regarded, on the contrary, as one of the final products of the nutritive transmutations. It is destined to be eliminated with the vapor of water and free nitrogen, especially through the respiratory passages. When the very small proportion of this gas in ordinary atmospheric air and its considerable amount in expired air are considered, it is easy to be convinced that carbonic acid is indeed a product of the organism. The gas, therefore, comes from the tissues and liquids themselves of animals, and not from outside media.

It is very generally admitted that the greater part of the carbonic acid is in a condition of chemical combination. The principal compound is bicarbonate of sodium.

The tension of the carbonic acid in the tissues is high. It is less in the alveolar air. Hence we find it working its way along the respiratory passages to be expelled by the movements of respiration. The movement of the oxygen was found to be toward the tissues; the direction of carbon dioxide is the reverse: away from the seats of tissue-combustion.

It has been found that, when the lung is distended, the heart beats faster, this increased action being caused by an irritation of the sensory nerves in the lungs, which, in a reflex manner, inhibits the cardio-inhibitory center and allows the heart to beat faster as the brake is taken off.

Dr. Da Costa, in his examination of twenty-four glass-blowers, found that in eleven the pulse ranged from 90 to 116 per minute.

I have shown elsewhere that this is due to the irritation of the sensory fibers by the great distension of the lungs diminishing the irritability of the cardio-inhibitory center, since the great lung-distension occurs daily for years.

Now, it is well known that the inhibitory power of the vagus in man is very great, and its power varies in different individuals, which would explain why the thirteen other glass-blowers showed no habitual acceleration of the heart. As this performance is kept up many hours daily for a series of years, it is easy to conceive that the cardio-inhibitory power of the vagus centers receives such a diminution of irritability so often that it would at length remain constantly weak.

The *vasomotor center* also sends out rhythmical impulses by which undulations of blood-pressure are produced. That this center is capable of producing such undulations has been amply verified by the existence of the Traube-Hering curves.

Respiration of Different Gases.—Respiration is essentially the intaking of oxygen and the output of carbon dioxide by the living cells. Among the higher orders of animals two phases of respiration are distinguished—the *external,* the exchange of gases between the air or water and the blood; and the *internal,* the exchange between the blood, lymph, and the tissues.

The usual and normal medium inspired is ordinary atmospheric air, from which there is derived the needful supply of oxygen. The open atmosphere is a mixture of gases in the following approximate proportions:—

Atmosphere	Nitrogen, including argon, etc.	79.00	in 100 parts.
	Oxygen	20.96	
	Carbon dioxide	0.04	
	NH_3, H_2O, and organic matter in small variable quantities.		

Though the quantity of water in the air is marked,—over 1 per cent.,—it is not customary to reckon it in the gaseous constituents.

Some gases, as hydrogen and nitrogen, produce no specific effects from any toxic powers in themselves when they are breathed; they produce results simply because they exclude the proper supply of oxygen for the animal. On the other hand, gases such as carbon dioxide, carbon monoxide, nitrous oxide, and hydrogen sulphide, when respired in sufficient bulk, are absorbed and so produce specific, toxic effects. A third class of gases, as ammonia and nitric oxide, are not respirable because of their highly irritant action upon the respiratory apparatus, spasm of the glottis being produced.

Carbon dioxide, when undiluted, is irrespirable by reason of the spasm of the glottis occasioned. Properly diluted it can be respired, but produces headache, dizziness, drowsiness, and dypsnœa by an action on the nervous system. *Nitrous oxide* acts directly upon the nervous system, partly by a special action and partly by producing an excess of CO_2 in the blood. *Nitrogen* and *hydrogen gases* produce their fatal effects by asphyxia, due to exclusion of the oxygen and thereby preventing oxygenation of the blood-corpuscles. Differing from these gases are the effects produced by inhalation of *carbon monoxide*. It was long known that this gas was poisonous, but it has only been within recent years that its mode of producing asphyxia has been learned. Instead of excluding the oxygen, it *displaces* the latter in the blood, forming a very stable compound with the hæmoglobin of the red corpuscles. It is interesting to note that the color of the blood after death from asphyxia from carbon monoxide is *cherry-red;* in other forms of asphyxia the blood is almost black. The action of this gas is of practical importance, since every year it is the cause of many deaths. They occur from poisoning with coal-gas (especially where charcoal stoves are used in small rooms), the fumes of kilns and coke-fires, and from inhaling the air of coal-mines, especially after explosions.

Caissons and the Effect of Compressed Air.—Men are able in caissons to support during some moments a pressure of five to ten atmospheres when they proceed with caution. If the pressure is too rapid there is great danger. If an animal who resists a pressure of ten atmospheres dies instantly from a rapid change to ordinary pressure, the autopsy shows that the heart and large vessels are filled with bubbles of gas, especially of nitrogen. Under the influence of double or treble pressure the blood absorbs a double or triple proportion of air, especially the nitrogen. If the animal is submitted to a rapid diminution of pressure, the nitrogen, not being kept in solution in the blood, is disengaged in a gaseous state in the form of bubbles, which produces embolism in the capillaries of the brain, lungs, and heart, and which arrests the circulation. To avoid the disengagement of bubbles of nitrogen it is necessary to let the atmospheric compression down in a very gradual manner. Operatives in leaving the tubes in which compressed air exists must remain a quarter to a half hour in the closed chambers, where the pressure is reduced little by little. The excess of gas absorbed is slowly eliminated by the lungs without producing an accident. Four atmospheres is about the amount that operatives can work in with safety. Every ten meters in depth of

water roughly equals one atmosphere. By itself compressed oxygen is a toxic agent, for it lowers the output of carbonic acid and the temperature of the body. The cure for caisson-paralysis is recompression and slow decompression.

Rarefied Air.—All travelers who have climbed the Alps speak of the same troubles experienced by them at nearly the same altitude: a considerable diminution of appetite, a disgust for food, nausea and even vomiting, palpitations, headaehc, lassitude, sleepiness, and buzzing in the ears. This state is known as anoxyhæmia, or want of oxygen in the blood. Dyspnœa takes place not only because the air inspired contains oxygen in a given volume, but the dissolution of this gas in the blood is less easy under feeble pressure. Muscular work in the ascent also uses up considerable of the oxygen taken in. At 10 per cent. of an atmosphere there ensues restlessness and dyspnœa, and, at about 7 per cent., death. A partial pressure, like 7 per cent. of an atmosphere, corresponds to an altitude of 30,000 feet. Men in a balloon have ascended about 28,500 feet. People who live on high mountains have a disease known as the *mal de montagne.*

In mountain sickness Kronecker holds that there is an increased amount of blood in the pulmonary vessels, due to an increase in their capacity and to a stagnation of blood arising from an equalization of the atmospheric and intrathoracic pressure, causing a passive œdema resulting in dyspnœa and asphyxia.

Ventilation.—Let it suffice here to recall that the problem of ventilation consists in maintaining, in more or less closed spaces, the normal composition of the atmospheric air. Not only this, but to counteract the incessant modifications the respiration of man or of animals makes this medium undergo. For these purposes it is important that the ventilation should be very active.

It has been established that, for closed spaces intended to receive healthy persons, it suffices that the ventilation furnish 1000 cubic feet of new air per person per hour. This is not sufficient for hospitals which contain sick persons, where more abundant and vitiated emanations are received by organisms less fitted to react against their influence. Those hospitals which receive 3000 cubic feet of fresh air for each sick person hourly are free from odor.

A healthy adult gives off about 0.6 cubic feet of carbonic acid per hour. If he be supplied with 1000 cubic feet of fresh air per hour he will add 0.6 to the 0.4 cubic feet of carbonic acid it already contains. That is, he raises the percentage to 1.0.

Pharmacological.—The increase of pressure in the pulmonary circulation and a simultaneous decrease of arterial tension in the systemic circulation by amyl nitrite is due either to a contraction of the pulmonary vessels or to a weakness of the left ventricle and as a consequence a backing up of blood in the left auricle. Nitroglycerin acts like nitrite of amyl. Aconite lowers the pressure in both the pulmonary and systemic circulations, due to a weakening of both sides of the heart. Ergot constantly causes a marked increase of pulmonary tension with a primary decrease of aortic pressure. Digitalis, strophanthin, and adrenal extract increase the tension in the systemic circulation, leaving the pressure in the pulmonary circulation unchanged. It is singular that the adrenal extract should so greatly affect the systemic pressure and not the pulmonary, while ergot acts reversely—augments the pulmonary pressure more than that of the aortic system. These facts show the independence of the pulmonary vessels to the vessels of the systemic circulation.[1]

The blood-pressure in the pulmonary artery is about one-third that in the aorta.

As to the vasomotor nerves of the lungs, we do not know if they have a tonus, or under what circumstances they are called into activity. It is natural to conclude, since pulmonary vasomotor nerves exist, that they are excited when the left heart has difficulty in emptying itself; in this case they could contract and diminish the afflux of blood to the left side of the heart.

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[1] Tigerstedt, "Ergebnisse der Physiologie," 1903.

CHAPTER VIII.

SECRETION.

INTERNAL SECRETION.

The tissue-activity of the organism may be conveniently classed under three groups: *(a) muscular activity,* manifesting itself in heat and motion; *(b) nervous activity,* including all nervous acts, from sensation to reason; *(c) glandular activity,* which is the general function of epithelial and lymphoid tissues. It includes all those changes of metabolism whereby there follows, as a result of elaboration, a special mixture.

It is with the last of the three—glandular activity—that we are now to deal. However, the human economy being such a complex organism, it must be borne in mind that disturbance or lack of activity of one kind may have a very marked influence upon other metabolic functions. It is well known, especially among animal fanciers, what a great effect the removal of the ovaries and testicles may occasion in the development of other organs and in the general nutrition of the body. Proteid waste of increased proportion follows the removal of a considerable portion of renal tissue. The liver is most intimately connected with the metabolism of carbohydrates and proteids as well as those food-constituents which contain iron.

The gland-cells perform an essential rôle in secretion. These cells are applied upon the basement membrane of the glandular acini in such a fashion that each *cul-de-sac* is surrounded by a network of capillaries. Ludwig and Tomsa have shown that between the blood-capillaries and acinus are found lymphatic spaces. The cells of the acinus, surrounded by the lymph in the spaces, take from it the elements needed for the production of its own peculiar secretion.

Dependent upon the nature of the activity of the epithelium of the glands, the general process of secretion may be said to comprise four distinct modes:—

1. Secretion by Filtration.—In this case the glandular epithelium does not manufacture any material; it utilizes the principles pre-existing in the blood and lymph. This kind of secretion is related to serous transudation, as of the pleuræ and peritoneum, but it is not a

simple filtration. The selective action of the epithelium acts upon the transit of the secretion and varies the proportion of the constituents of the secretion according to the composition of the lymphatic and blood-plasma. To this style of secretion belongs the water of the urine, sweat, and tears. The most important principles filtered are water, salts of the plasma, chlorides of potassium, sodium phosphates, lime, magnesia, and carbonic acid.

2. Secretion Proper — Production of New Principles. — Here glandular activity especially intervenes; the epithelial cell does not act as a simple filter. It modifies the nature of those products passing through it, or creates from them new products. In this class may be put the digestive secretion. The products thus formed by gland-cells vary for each gland, neither is physiology nor histology able to explain their manner of production. Thus, we are not able to explain in a satisfactory manner the chemical changes which make hydrochloric acid appear in the gastric juice, sulphocyanide of potassium in the saliva, bile-acids in the bile, etc.

3. Secretion by Glandular Desquamation.—In the preceding types of secretion the gland-cell preserves its integrity; it does not do anything else except allow the external materials to pass through it, changed or unchanged. However, in this type the cell itself falls and is eliminated to contribute to form the product of secretion. This glandular desquamation is comparable to the epithelial desquamation which occurs during the life-history of the epidermis. Generally this desquamation is preceded by a chemical change of the gland-cells. This change is fatty, as in sebaceous secretion. The sebaceous fats and mucin form the special products of this group of secretions.

4. Morphological Secretion.—In this type the essential element of the secretion is a formed element. It is a specialized cell derived from a cell, together with a liquid which holds this anatomical element in suspension. Such is the spermatic fluid.

Secretion Defined.—The term *secretion* has been defined as the special activity of the glandular tissues. It is the elaboration of fluid or semifluid mixtures by selection and formation from the fluids which surround the active cells, as well as from the substances of the cells themselves. Up to a certain point secretion is composed of two acts which are separated by a distinct line of demarcation.

1. A *filtration* of blood-plasma passes through the wall of the capillary. This plasma spreads into the lymph-spaces which surround the acini, and it is from this lymph that the elements are taken out for the production of the secretory products. The filtration is under

the influence of the blood-pressure, and varies in its intensity as the arterial tension varies. It, properly speaking, is an accessory act of secretion.

2. The second feature is the *activity* of the *gland-cells,* which take from the lymph the materials necessary for secretion, to change them more or less. This phase is the essential act of secretion. It is dependent upon filtration to the extent that filtration furnishes the liquid which the glandular cells need and renews it when exhausted.

The activity of the gland-cells attains its maximum in general during the apparent repose of the gland. When the gland is not secreting, its cells are preparing substances peculiar to each secretion. This is true particularly of the ferments, as pepsinogen, trypsinogen, etc.

The two processes—filtration and gland-cell activity—may be separated from one another without producing any interference. Thus, secretion can continue when the head is amputated and even if the circulation of the gland be arrested. Salivation can continue after both these events have occurred.

On the other hand, the injection of carbonate of soda into the salivary duct destroys the gland activity without affecting the circulation of the gland. Should the chorda tympani be stimulated filtration from the blood continues, but the gland does not secrete. There is an accumulation of lymph in the lymph-spaces until the gland becomes œdematous.

NATURE OF INTERNAL SECRETION.

This is not the same for all of the glands. The secreted product may be destined to destroy the noxious principles resulting from the functions of the organ, as of the liver and suprarenal capsules. Its aim may be to break up the excess of sugar, as is the case with the pancreas; or to prevent excess of a colloid material, as with the thyroid gland. The enrichment of the blood with useful principles is accomplished by the sugar of the liver. The testicle extract supplies more nervous energy.

THE THYROID.

The thyroid gland, when fully developed, has no excretory duct; so, with the spleen, suprarenal bodies, and thymus, it is usually classed under the head of ductless glands.

The thyroid is a soft, reddish body embracing the front and sides of the upper extremity of the trachea. It consists of a pair of lateral

lobes united at their lower part by a transverse isthmus. The lateral lobes are oblong oval, thicker below than above, and usually of unequal length. The weight of the thyroid is usually from one to two ounces, but is larger in the female. It is very liable to become hypertrophied, especially in the female: a condition called goiter.

The thyroid is a highly vascular organ, invested with a thin, fibrous membrane, and composed of a fibrous stroma, in the meshes of which a multitude of minute closed vesicles exist.

Each little lobule seems to be a completely closed sac—at least, no tubule is noticed emanating from it. The little sacs are filled with a transparent, amber-colored, viscid, nucleo-albuminous fluid. In the connective tissue surrounding each lobule there is a plexus of capillaries. With them there is found an abundant supply of lymphatics.

Vessels and Nerves.—The *arterial supply* for the thyroid body is gained from the superior and inferior thyroid arteries. These arteries are remarkable for their large size and numerous anastomoses. The veins form a *plexus* upon the front of the trachea and surface of the gland. From the plexus arises the superior, middle, and inferior veins. The *lymphatics* terminate in the thoracic and right lymphatic ducts. The *nerve-supply* to the thyroid body is derived from the middle and inferior cervical ganglia of the sympathetic and the pneumogastric. Their nonmedullated fibers adhere very closely to the vessels.

Function.—It was shown by one observer that gentle pressure upon the lobes of the gland caused the contents of the gland-acini, or vesicles, to flow into the peripheral lymphatics. This was later confirmed by the work of microscopists, and the colloid nature of the secretion was also recognized. The vesicular epithelium is a true secretory gland-tissue which separates the colloid material from the blood. The secretory character of the epithelium has been further shown by the injection of pilocarpine. Following its administration there results a remarkable increase in secretion of the colloid substance. It has been demonstrated that the expressed juice of a thyroid gland of a dog produced coma in another animal three hours after its administration.

Hence it must be concluded that the thyroid gland is a structure essentially connected with the metabolism of the blood and tissues. In performing its functions it is a blood-agent, both directly and indirectly. In the human fœtus the gland-tubes, or rather cylinders of epithelium, commence their secretory activity during the interval from the sixth to the eighth month. In proportion to the body-weight, the

gland is heaviest at birth and diminishes notably toward the end of life. Therefore the thyroid gland is in functional activity before birth, and is of special metabolic importance in early extra-uterine life. Its value falls as the general vital processes decrease.

The thyroid body is one of those organs of great metabolic importance, since its removal or disease is followed by general disturbances. Experimental thyroidectomy is very much more fatal in young animals than in adults. The removal of the gland in aged carnivora is followed by the usual cachexia.

CACHEXIA STRUMIPRIVA has been found by all observers to occur with greater frequency when thyroidectomy has been performed on young individuals.

The classification of symptoms from removal of the thyroid are either *(a)* tetany, *(b)* myxœdema, and *(c)* cretinism. According to the violence of the cachexia, death may occur in any of these stages.

The nervous symptoms appear early and are well marked. The first indication is fibrillary muscular tremor or twitching, resembling very closely the disease called tetany; next tremor occurs; and finally rigidity makes its appearance. Some experimentalists hold that it is the removal of parathyroids which cause tetany, and not the removal of the thyroid.

When the thyroid body is diseased or removed *from children* so that its functions are obliterated, there is produced a species of idiocy called *cretinism.*

A like condition *in adults* receives the name of *myxœdema.* Noticeable symptoms of this disease are slowness of both body and mind, associated with tremors and twitchings. There is also a peculiar condition of the skin wherein there is overgrowth of the subcutaneous tissue. In time this becomes replaced by fat. Myxœdema was believed to be an œdematous condition characterized by the presence of a large amount of mucin. That there is an excess of mucin has been determined, but it is not in proportion to produce this pathological condition. The disease is rather a *hyperplasia* of the connective tissue. The integument especially swells and the eyelids become puffy. At the same time the surface becomes dry and there is a tendency to shed hairs and superficial epithelium. The hyperplastic change is followed by atrophic changes, accompanied at first by slight fever; later the temperature becomes subnormal.

All of these various effects of thyroidectomy can be temporarily prevented by a graft of thyroid; they may also be caused to disappear either by injection of thyroid juice into a vein or under the skin. The

same results may be attained by raw thyroid or thyroid juice by the mouth. If a graft can be made to "take," the effects are permanent. Removal of a permanent graft will be followed by all the symptoms of thyroidectomy.

The phenomena attending extirpation are due to the absence of a secretion which is formed within the thyroid, passing from it into the blood. This secretion is necessary for certain of the metabolic processes of the animal economy, especially for those connected with the nutrition of the central nervous system and connective tissues. Extracts of thyroid gland produce distinct pathological effects in the normal subject. An injection into a vein of the decoction of the gland lowers the blood-pressure and increases the caliber of the radial artery. From this it would seem that the juice has a distinct action upon the vascular system.

Whether the gland possesses the function of destroying toxic products of metabolism which would otherwise tend to accumulate in the blood is a point not as yet understood.

Because of the extreme vascularity of this organ and its direct connection with the vessels which supply blood to the head, the thyroid has been regarded as exercising a regulatory function on the blood-supply to the brain—short-circuiting the cerebral flow, as it were.

Experiments have showed that at least a part of the thyroid gland must be allowed to remain after operations upon this gland. Otherwise cachexia will follow.

The occurrence of thyroid tissue in other parts than the lobes of the glands is a matter of more than embryological interest. These glandular masses have been termed accessory thyroid glands, or parathyroids. The parathyroids lie in the immediate neighborhood of the lobes of the thyroid gland. It has been observed, after complete thyroidectomy in man, that these islands, or parathyroids, become enlarged. Also, where temporary symptoms of cachexia have appeared, they improve in proportion to the degree of swelling of the parathyroids.

The thyroid contains two albuminous bodies, the one containing iodine, the other having phosphorus. The first one has the character of a globulin and has received the name of thyreoglobulin and by reagents is changed into iodothyrin.

Hutchinson states that "if the presence of iodine in iodothyrin is essential to the activity of this substance, it is not so in virtue of its being iodine, but owing to the *form* of *organic combination* in which

it occurs." It is estimated that the normal thyroid gland contains approximately *ten times* as much iodine as do the hypertrophied glands of patients suffering from exophthalmic goiter. The thyroid seems to possess a peculiar affinity for iodine.

While our knowledge of the thyroid has been considerably extended by reason of modern research, there yet remains much that is very obscure. Thus, the accessory thyroid glands, or *parathyroids,* are free masses of tissue located in the vicinity of the thyroid and which seem to contain no colloid material. Nevertheless, their removal, although the bulk be small, produces identical results with the complete removal of the thyroid gland. Regarding the function of the parathyroids, it is probable that they are concerned in *removing* something from the blood rather than *adding* anything to it.

Thyroid by the mouth reduces weight by an increase of the intake of oxygen and the output of carbon dioxide. This excessive burning of fat produces water, thus causing increased secretion of urine. It also increases the urinary nitrogen, probably due to proteid changes. It acts best in the pale, fat person.

Von Cyon has made a study of the relation of the thyroid to the heart. He states that suppression of the activity of the thyroid or an injection of iodothyrin has an immense influence upon the entire nervous system of the heart and blood-vessels. He proves that the vagus participates in the innervation of the thyroid gland, or is at least closely connected with it. The function of the thyroid is to render harmless the salts of iodine, which have a toxic effect upon the vagi and sympathetic nerves by converting them into an organic compound, the iodothyrin. The latter compound has a stimulating effect upon these same nerves and at the same time increases their power. The thyroid acts mechanically as a safeguard of the brain against engorgement. In a sudden increase of blood-pressure, whether from increased activity of the heart or from increased capillary resistance, the thyroid is capable of passing through its vessels a large amount of blood within a very short time, so as to turn it directly from the arterial into the venous system and thus prevent its entrance into the cerebral circulation.

THE SPLEEN.

The spleen is deeply placed in the left hypochrondium. Its shape is a half-ovoid. Its consistency is comparatively soft, and its color is purplish. Its external convex surface is in contact with the diaphragm opposite the three or four lower ribs. Its internal surface is

applied to the fundus of the stomach, to which it adheres by the gastro-splenic omentum. In the middle of the internal surface of the spleen there is a slight groove, the hilus, where the artery and nerves enter. The spleen usually is five inches in length, four inches in breadth, and from one to one and one-half inches thick. It has two coats: the outer serous and the inner fibro-elastic.

The spleen when torn has a deep reddish-black, pulpy appearance, resembling coagulated blood. This splenic pulp may be removed from the spleen by maceration, leaving a spongy mass composed of splenic blood-vessels associated with numerous trabeculæ of fibro-elastic tissue. Adhering to the side of the smallest arteries of the spleen are small, rounded, whitish bodies, the corpuscles of Malpighi, one-thirtieth to one-sixtieth of an inch in diameter. The splenic pulp contains red blood-corpuscles, granular corpuscles resembling lymphocytes in appearance and having an amœboid movement, and red corpuscles undergoing disintegration.

Function.—The extirpation of the spleen leaves life and health intact in animals and in man. All that results is a more or less

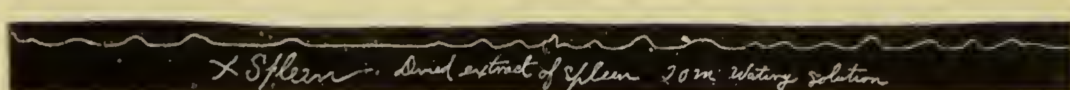

Fig. 62.—Tracing of an Experiment with Splenic Extract upon a Dog. Read from left to right.

pronounced hypertrophy in all the lymphatic ganglia of the body. Direct irritation of the spleen, the direct or reflex irritation of the medulla oblongata, the application of ice-water to the left hypogastrium, and quinine cause a diminution of the spleen by contraction of the muscles of the capsule and trabecula. The spleen is congested during digestion, and when the portal circulation is interfered with, and in a great number of infectious diseases, notably typhoid and malarial fevers. The spleen is supposed by some to manufacture white blood-corpuscles, and this manufacturing reaches a pronounced activity when the organ is hypertrophied, as in leucocythæmia. The spleen, from its power to dilate, serves as a reservoir of blood for the portal system, especially for the blood-vessels of the stomach. Many of the purin bodies are found in the spleen, as xanthin, hypoxanthin, and uric acid.

Influence of the Nervous System Upon the Spleen.—The nerves that supply the spleen have their center in the medulla oblongata. Section of these nerves is followed by an increase in the size of the organ.

It has been shown by the oncometer that the spleen undergoes rhythmical contractions and dilatations by virtue of the regular contraction and relaxation of the muscular fibers found in its capsule and trabeculæ.

I have demonstrated experimentally that extract made from the spleen when injected into an animal will excite active peristaltic movements (Fig. 62).

THE ADRENALS.

The adrenals are a pair of flattened triangular organs, one being situated upon the upper end of each kidney and inclined inwardly toward the vertebral column. Their posterior surface, moderately convex, rests against the crura of the diaphragm; their anterior surface, flatter than the posterior, on the right side is in contact with the liver, on the left side with the pancreas and spleen. The surfaces present vascular furrows, the largest of which at the base is distinguished as the hilus. These adrenals are in color brownish yellow, of moderately firm consistence, and vary in size in different individuals and slightly on the two sides. Usually they are about one and one-half inches in breadth and height, and about one-fourth of an inch in thickness. On section we find an external layer, the cortex, and an internal layer of softer substance, the medulla.

The cortical layer is yellow in color, of firm consistence, and presents a columnar appearance at right angles to the surfaces of the layer. Microscopically, it contains oblong receptacles occupying a fibrous stroma continuous with the fibrous coat of the body. In these receptacles are nucleated, transparent cells often containing oil-globules and a yellowish-brown pigment. Beneath the capsule is the zona glomerulosa, with cells in round groups; the next is the zona fasciculata, with cells in columns; and the last the zona reticularis.

The *medullary substance* is composed of very irregularly shaped cells, rather closely, but irregularly, packed into a meshwork of fibrous tissue. In the interstices lie masses of multinucleated protoplasm, blood-vessels, and an abundance of nerve- fibers and cells.

The cells of the medulla are conspicuous in that they contain certain reducing agents. The agent which gives color-reactions has been termed *chromogen*. Just what this agent is chemically is not known, but it is believed to be the principle which raises blood-pressure when suprarenal extracts are injected subcutaneously. The active principle is, according to Abel, epinephrin; according to Takamine, adrenalin.

Blood-supply.—The blood-vessels of these suprarenal bodies are numerous. Each is supplied by the suprarenal artery from the aorta, together with branches from the contiguous phrenic and renal arteries. When the arteries enter the organ they ramify through the fibrous stroma and terminate in capillaries surrounding the receptacles of the granular cell-contents. The nerves are chiefly derived from the solar and renal plexuses of the sympathetic system, and are very numerous for the size of the organ.

Function. — The function of the suprarenal bodies is still very obscure. The discovery that a relation existed between the bronzing of the skin of Addison's disease and a diseased condition of the suprarenals was a signal-point. It was learned that these small bodies are indispensable to life. The phenomena ensuing from their extirpation are due to a chemical alteration of the blood, and not to trauma.

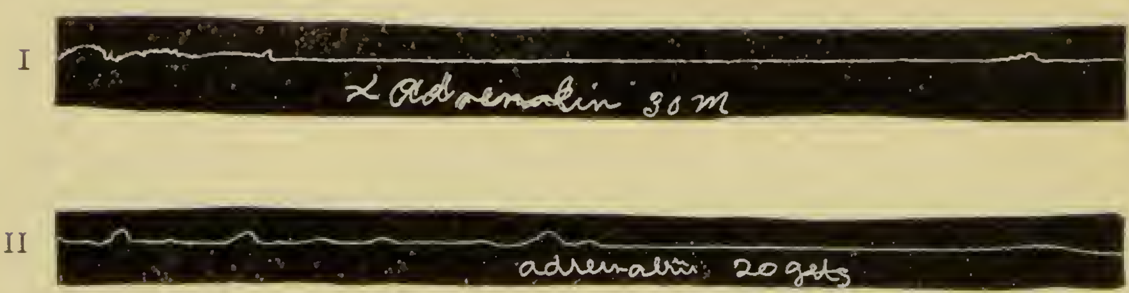

Fig. 63.—I. Dog. Arrest of Peristalsis by 30 Drops of Adrenalin. II. Dog. Arrest of Peristalsis for a Minute and a Half by 20 Drops of Adrenalin Solution.

Read from left to right. The minute curves are cardiac pulsations.

The ablation of one capsule is not necessarily mortal, but the destruction of both produces death very quickly. In the rabbit death follows in nine hours; in the guinea-pig, in three hours. Death is preceded by a considerable weakness, true paralysis of the members and respiratory muscles, and epileptiform convulsions.

If the blood of animals dying from removal of the capsules be transfused into an animal that has just undergone the operation, there is produced a very rapid paralysis and death. Injecting an extract of the capsules into an animal from whom the capsules have been removed slowed the symptoms and prolonged life. Hence, it has been concluded that the chief function of the suprarenal capsules is the neutralization of a poison analogous to curare. The means by which this is accomplished is a poison-destroying secretion in their cells. The poison to be neutralized is manufactured in the organism and accumulates in the blood in instances of lesion or removal of the suprarenals.

I have shown that adrenalin, the active principle, arrests peristalsis in diastole. This has been confirmed by Prof. Pal, of Vienna. Dr. Pal believes that the arrest of the intestinal peristalsis is due to vasoconstriction by the adrenals, while the after-increase of peristalsis is caused by a return of a full irrigation by the blood. We have, then, two glands, one of which arrests peristalsis—the adrenal; the other, which excites it—the spleen. Blum has shown that adrenalin causes glycosuria.

Oliver and Schafer found that when extracts of the suprarenals were injected into the circulation very noticeable phenomena resulted. Thus, the arteries become greatly contracted, the blood-pressure rises very rapidly, and the action of the heart is greatly augmented. This vasoconstrictor action is independent of the main vasomotor center, which I have confirmed. These two observers conclude that the capsules secrete a substance to maintain the tonicity of the muscular tissues in general and the heart and arteries in particular.

Nearly all the adrenalin is destroyed in the body, but I have shown that a minute quantity is excreted by the kidneys. One one-millionth of a gram of the dried gland will elevate the arterial tension.

The splanchnics are supposed to contain the secretory nerves of the adrenals.

THE THYMUS.

The thymus body is a temporary organ which increases in size from the embryo up to two years after birth, and subsequently dwindles away. It occupies the upper part of the anterior mediastinal cavity behind the sternum and extends into the neck frequently to the thyroid gland. It rests upon the pericardium, aorta, and the trachea. It is a flat, triangular body, consisting of a pair of lateral and unequal lobes. It is of a pinkish-cream color, and varies in size and weight not only according to age, but also in different persons. At birth it is about two inches long and one and one-half inches wide at the lower part and two to three lines thick. It is composed of numerous angular lobules mixed with connective tissue. The lobules are subdivided into follicles, and each follicle has a cortex and medulla. In the medulla are spherelike bodies known as the concentric corpuscles of Hassall.

Chemical Composition. — The thymus is principally a lymph-gland. Nothing special is known of the concentric corpuscles. The presence of extractives, like xanthin, hypoxanthin, leucin, and adenin has been noted. The alkaline reaction of life becomes rapidly acid after death. The acid is sarco-lactic acid.

The main constituent of the cells is proteid, especially nucleoproteid. The total percentage in the thymus gland is about 12.29 per cent. When it is desired to produce experimental intravascular clotting, the thymus is usually employed as the source for the nucleoproteid. This property is not characteristic of the thymus, for it is found in all protoplasm.

Function.—Extirpation gives few positive results, but chemical investigation shows that the parenchyma of the gland contains a large number of products that indicate that it possesses very considerable metabolic activity. As long as the thymus gland exists, it seems to take part in the production of white corpuscles like other varieties of lymphatic tissue. Some authors claim for it the production of red corpuscles in early life.

Extracts of the thymus, when injected subcutaneously, have been shown by Ott to increase the pulse-rate, with a momentary rise of pressure, followed by a fall. This has been confirmed by Svehla and Swale Vincent. Svehla found that extirpation of the thymus of the frog kills it. Swale Vincent, however, did not find that removal of the gland of the frog was necessarily fatal, as his frogs lived thirty-six days after the operation. According to Vincent, extirpation of the gland of guinea-pigs did not affect the animal in any way.

PITUITARY BODY.

The pituitary body (hypophysis cerebri) is a small, reddish-gray, vascular mass, weighing from five to ten grains. It is oval in shape, situated in the pituitary fossa of the sphenoid bone, and is connected with the end of the infundibulum. The body is retained in position by a process of dura mater derived from the inner wall of the cavernous sinus.

Structure.—This little pituitary body is very vascular, and consists of two lobes, separated from one another by a fibrous stroma. The two lobes differ both in development and structure.

The *anterior lobe* is of a dark yellowish-gray color and resembles in microscopical structure the thyroid body and suprarenal bodies. A canal passes through the anterior lobe to connect it with the infundibulum.

The *posterior lobe* is entirely different in that it is developed from an outgrowth from the embryonic brain, and therefore is nervous in its structure.

Ablation of this body in the cat produces death in about two weeks. The symptoms resemble very much those that follow thy-

roidectomy. Extracts of the infundibular part elevate the arterial tension by a constriction of the arteries and slow the heart. This substance is not soluble in alcohol. From a saline decoction of the gland there was obtained an alcoholic precipitate which produced a fall of arterial tension; so that there seems to be two substances in this gland antagonizing each other as regards arterial tension. Disease of this gland produces the condition known as acromegaly, in which the bones of the face and limbs become hypertrophied. It is also connected with giantism.

EXTERNAL SECRETION.

THE MAMMARY GLANDS.

The mammæ, or breasts, are accessory organs of the generative system. They secrete the milk. They exist in the male as well as in the female, but only in a rudimentary condition in the former. In the female they are two large, hemispherical eminences situated toward the lateral aspect of the pectoral region. They range between the third and seventh ribs. Before puberty they are of small size, but enlarge as the generative organs become more fully developed. They enlarge during pregnancy, especially after delivery. In old age they become atrophied.

The outer surface of the mammæ is convex, with just below the center a small, conical eminence: the nipple. The surface of the nipple is dark-colored, and surrounded by an areola of a colored tint. In the virgin the areola is of a delicate, rosy hue; about the second month after impregnation it enlarges and also acquires a darker shade of color. The color deepens as pregnancy advances; in some cases it becomes dark brown or even black. After cessation of lactation there is a diminution in the quantity of pigment, but the original hue is never regained. Change in the color of the areola is of importance in determining an opinion in cases of suspected first pregnancy.

The *nipple* is a conical eminence that is capable of erection from mechanical excitement. This is mainly produced by the contraction of its unstriped, muscular tissue, aided by its numerous blood-vessels. All tend to give it an erectile structure. The nipple is perforated by numerous orifices: the apertures of the lactiferous ducts. On its surface are very sensitive papillæ. Near the base of the nipple and upon the surface of the areola are numerous sebaceous glands. These become enlarged during lactation, their fatty secretion serving as a means of protection during the act of sucking.

The nipple is made up of areolar tissue interspersed with numerous blood-vessels and plain muscular fibers. The fibers are arranged chiefly in a circular manner around the base, some fibers, however, radiating from the base to the apex.

Structure of the Mammæ.—The mammæ consist of gland-tissue. Like other glands, they are composed of large divisions, or *lobes,* which in turn are subdivided into *lobules.* The lobules and lobes are held together by means of fibrous tissue, while between the lobes are septa.

The mammary gland-tissue, in general, when free from fibrous tissue and fat, is of a pale-reddish color, firm in texture, and circular in form. The smallest lobules consist of a cluster of rounded vesicles, which open into the smallest branches of the lactiferous ducts. These small ducts unite to form larger ducts, which later terminate in a single canal. This latter corresponds with one of the chief subdivisions of the gland.

These main excretory ducts, about fifteen or twenty in number, are termed tubuli lactiferi. These present in their course a general convergence toward the areola, beneath which they form dilatations: *ampullæ.* These dilatations serve as small reservoirs for the milk. During active secretion by the gland the milk collecting in them distends them. Each lactiferous duct is of an average diameter of one seventy-fifth of an inch, expanding into the ampulla, whose average caliber is one-fourth of an inch. At the base of the nipple the ampullæ become contracted again to pursue a straight course to its summit. Each duct pierces the nipple by a separate orifice, whose opening is about one-fiftieth of an inch. The ducts are composed of areolar tissue with elastic fibers and longitudinal muscular fibers. Their mucous lining is continuous at the point of the nipple with the integument. They are lined internally by short columnar, and, near the nipple, by flattened epithelium.

With the exception of the nipple, the general surface of the mamma is covered with fat. The latter is lobulated by sheaths and processes of connective tissue, which bind the skin and the gland together loosely. It is by this same manner that the gland is fastened to the great pectoral muscle beneath it.

Blood-vessels, nerves, and lymphatics are plentifully supplied to the mammary glands.

The *arteries* are derived from the thoracic branches of the axillary, the intercostals, and internal mammary. The *veins* describe, by their frequent anastomoses, a circle around the base of the nipple. This has been called by Haller the *circulus venosus.* From this branches

run to the circumference of the gland. The caliber of the contained vessels, as well as the size of the glands, may be increased during pregnancy and lactation. The *lymphatics* principally run along the lower border of the pectoralis major muscle to the axillary glands. The *nerves* are derived from the supraclavicular and the intercostals. No secretory nerves of the mammæ exist.

Each *gland-acinus*, or vesicle, consists of a membrana propria, surrounded externally with a network of branched connective-tissue corpuscles. Internally there is a somewhat flattened polyhedral layer of nucleated *secretory* cells. The size of the lumen of the acini depends upon the secretory activity of the glands; when it is large the vesicle is filled with milk containing numerous refractive, fatty granules.

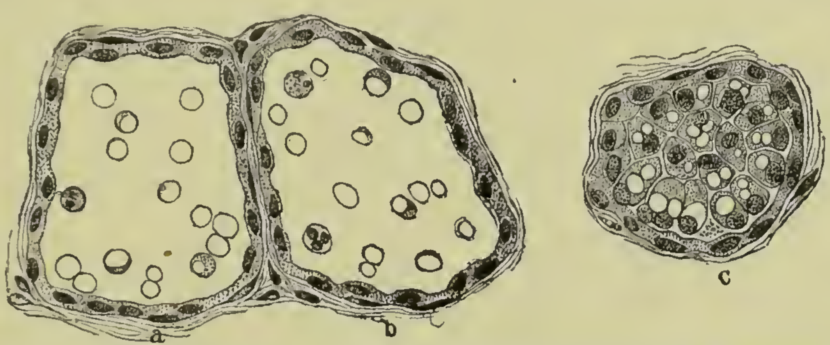

Fig. 64.—Dog's Mammary Gland in First Stage of Secretion. (Heidenhain.)

a, *b*, Section through the center of two alveoli of the mammary gland, the epithelial cells seen in profile. *c*, Surface view of the epithelial cells.

In the gland of a woman who is not pregnant or suckling the alveoli are very small and *solid*. They are filled with a mass of granular, polyhedral cells. During pregnancy the alveoli enlarge while the cells undergo rapid multiplication. With the beginning of lactation the cells in the center of the alveolus undergo fatty degeneration and are eliminated in the first milk as *colostrum-corpuscles*. The lining cells of the alveolus remain to form a single layer of granular, short, columnar cells. Each possesses a spherical nucleus, and is attached to the limiting membrana propria. By means of metabolic processes within the protoplasm of the cells the fats, salts, milk-sugar, etc., are formed. During glandular activity, instead of one, two or more nuclei are seen; the well-formed one is near the base, the other nearer the free end of the cell. Near the border of the cell are seen numerous oil-globules and granules. Some of the larger oil-globules are seen projecting from the surface of the cell as if about to be extruded from it.

In addition to this, a division of the cell itself takes place: a parting of the cell-substance with a nucleus in it. The daughter-cell thus cast off passes into the alveolus to form a part of the milk. The secretion of milk is an example of a secretion that is eminently the result of the metabolic activity of the secreting cell. The blood is the original source of the milk, but it becomes milk only by the action of the cells of the mammary gland: a metabolism of those cells.

Ottolenghi has found in the active mammary gland of guinea-pigs the presence of "Ninsen's globules," which are due to two causes: first, an increase of the nuclei of the epithelium of the gland; and second, an infiltration of the gland-cells with leucocytes. This theory is opposed to that of Heidenhain, and makes the milk secretion chiefly a disintegration of the nuclei of the epithelium of the gland rather than a breaking up of the protoplasm.

Fig. 65.—Mammary Gland of the Dog, Second Stage of Secretion. (HEIDENHAIN.)

Ottolenghi also saw in the milk-glands, with islands of active gland-tissue, other islands of a colostrum type—a type of relative rest.

Colostrum.—At the beginning of the period of lactation milk has peculiar characters and has received the name of colostrum. This term is applied to the milk appearing during the first week after delivery. Colostrum is acid, possesses a yellow color, which becomes white toward the fourth day. It is viscid and has a mean density of 1.056. It contains, in addition to the fat-globules, colostrum-corpuscles. These are degenerating polyhedral cells which filled the vesicles previous to lactation.

I have found that infusion of dried mammary gland decreases the pulse and increases arterial tension. The blood-pressure rises after removal of the main vasomotor center.

Functional Variations in Milk.—A substantial amount of nourishment augments the quantity of milk. Drinks have the same effect. An exclusive meat diet augments the proportion of fat in the milk: a small meat allowance in a mixed diet increases casein and diminishes

the sugar. A vegetable diet diminishes the total quantity, lowers the amount of casein and butter, but augments the proportion of sugar of milk. A diet rich in fats does not augment the quantity of butter, but if kept up too long it diminishes it. Atropine dries up the milk secretion; antipyrin is said to have a similar effect. Jaborandi increases it. Alcohol, frequently given in the shape of porter, increases the secretion of milk.

THE SWEAT-GLANDS.

The sweat-glands are the organs which furnish the means for the elimination of a large portion of the aqueous and gaseous materials excreted by the skin. They are found in almost every part of the integument, being particularly numerous where hairs are absent, as upon the palms and soles. Krause found the smallest number of them (400 for each square inch) upon the back and buttocks; the greatest number (2800 per square inch) on the surface of the palm of the hand and the sole of the foot. By this observer it was calculated that the total number of them is 2,400,000. These glands may become hypertrophic (in elephantiasis), thereby producing sudoriparous tumors upon the cheek. Atrophy also occurs.

In *structure* the sweat-glands are small, lobular, reddish bodies. Each one consists of a single, convoluted tube, from which mass the efferent duct proceeds upward through the corium and cuticle. It is somewhat dilated at its extremity and opens upon the surface of the cuticle by an oblique valvelike aperture. The efferent part of the duct in its course through the skin presents a corkscrew arrangement in those places where the epidermis is thick.

The convoluted or coiled portion of the tube is the place where secretion takes place, and is usually known as the *secretory* part of the sweat-apparatus. Here the tube is lined by a *single* layer of clear, nucleated, cylindrical epithelium. Smooth muscular fibers are arranged longitudinally along the tube in the larger glands. Beyond the muscular coat is the basement-membrane; so that the duct has a definite outline and exists as an entity that is distinct from the surrounding tissues.

The distal portion of the tube serves the simple purpose of a conduit for the passage of the sweat-secretion to the skin surface. It contains no muscular fibers or basement-membrane. There is, however, a distinct lumen surrounded by several layers of cubical cells; so that by some authorities this portion of the apparatus is considered to be but an opening between epidermal cells.

Glands which are constantly active, as are the sweat-glands, must necessarily require a very liberal blood-supply. Each coil (the real seat of secretion) is surrounded by a network of capillaries, whose arrangement is such that the secretory cells are easily enabled to obtain the watery secretion from the blood-stream.

Nerves.—A plentiful supply of nerve-fibers in the form of a nerve-plexus ends in the glandular substance. That the secretion of sweat is not a mere filtration that varies according to the blood-pressure, but a process dependent upon a direct action of the nerve upon the gland-cell has been demonstrated by Ott. In experiments upon cats certain changes were produced in the cell-protoplasm by changes in the activity of the nerve.

In the cat the sciatic was cut and the animal kept until the fifth day. At this time the pads of the feet were excised, placed in absolute alcohol, and when hard enough were cut into sections, stained with carmine solution, and mounted in glycerin.

In another cat the sciatic was exposed and the nerve feebly irritated for a period of two and one-half hours, when the pads of the feet were treated in the same manner.

Sections of the pads of the feet of each cat were then examined microscopically. It was found that the *irritated* cells were smaller than the resting cells, that their protoplasmic contents were more granular and more highly tinged with carmine solution, although left in it the same length of time as the resting cell. These facts have been confirmed by Renaut in the horse's glands.

Sweat is the secretory product of the sudoriferous glands. It is discharged in a continuous fashion upon the surface of the skin, there to be gotten rid of as vapor. As long as the secretion is small in amount it is evaporated from the surface *at once.* Because of this feature it is termed *insensible perspiration.* The skin is supple, fresh, and without any appreciable humidity.

When, however, the secretion of the glands is increased in quantity or its evaporation arrested, drops appear upon the skin. These drops of water form what is commonly known as sweat. During this condition the skin is also supple and soft, but is humid. There often is, in fact, a visible liquid.

Sweat is a more or less transparent *liquid,* of a salty flavor. It is constantly acid in reaction and has a specific gravity of 1.004.

The acidity of the sweat is due to acid sodium phosphate. From its being very readily contaminated it is impossible to obtain sweat in a pure state.

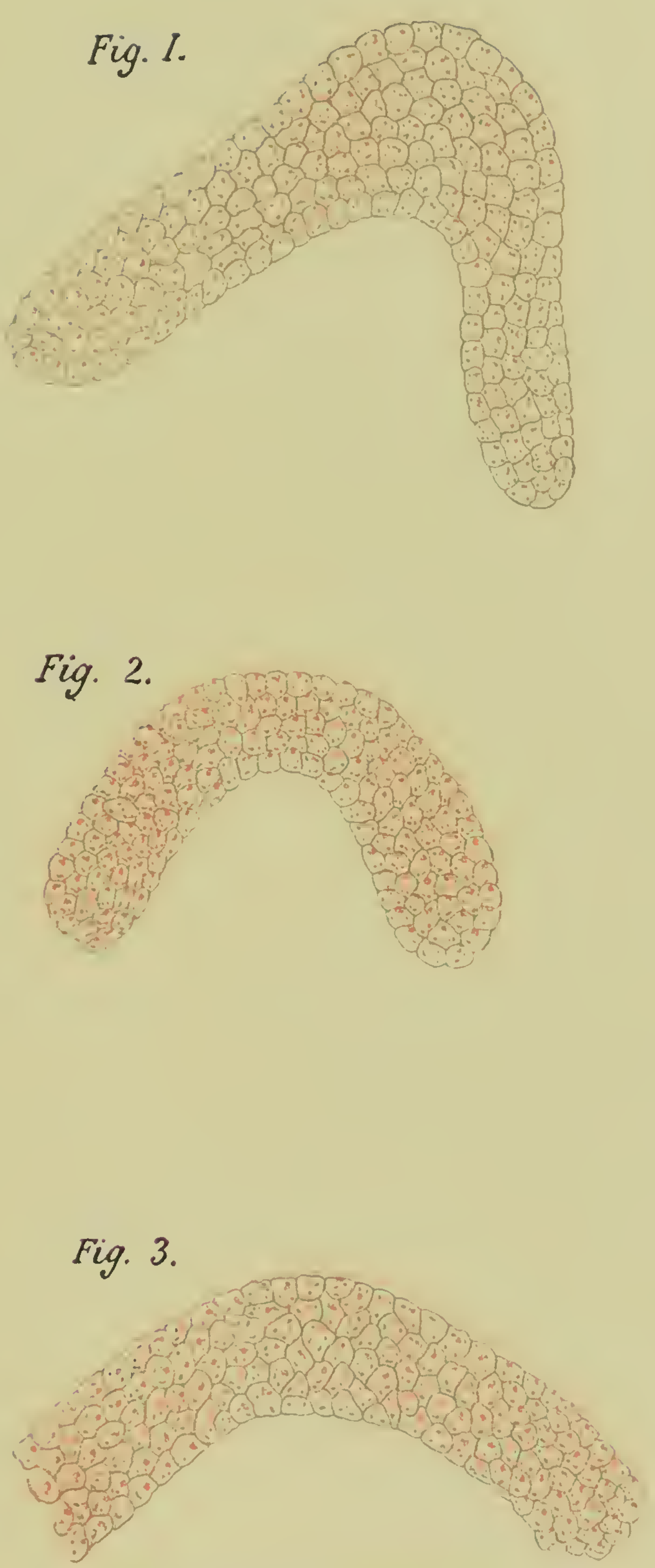

Fig. 66.—Section of Sweat-glands of Cat.

1, Section of gland five days after section of sciatic nerve. 2, Gland with sciatic irritated two and a half hours. 3, Sweat-gland in normal condition.

The relation of the sensible and insensible perspirations varies considerably with the temperature of the air. In round numbers, the total amount of sweat secreted by a man is *two pounds* in twenty-four hours.

The quantity of solid components of sweat is, on the average, 1.0 per cent. It may descend to 0.8 per cent. when there is an increase in the rapidity of the secretion. That means that in profuse perspiration it is the water which acquires the predominance. However, no matter what the celerity of the perspiration, there is a minimum of solid components: 0.8 per cent. This remains unchanged, showing that the sweat is a primitive secretion in character.

Sweat contains many and different members of the series of fat acids, neutral fats, alkaline sulphates and phosphates, lactic acid, and urea. Horse's sweat contains albumin.

The different strength and odor peculiar to the sweat of different animals is due to the variety and abundance of the volatile fatty acids. Of these, acetic, formic, and butyric prevail in general, with capronic and caprillic. To their prevalence in the armpits and feet is due the corresponding intensity of odor.

It has been calculated that about 0.08 per cent. of the sweat is *urea*. It may be increased greatly in cholera, by reason of its suppressed passage through the kidneys. There is often observed a crystalline deposit of this substance upon the surface of the body in death by cholera.

Carbonic acid and traces of nitrogen are found diffused in the sweat and so eliminated from the organism.

Perspiration is especially favored by the elevation of the body-temperature; by the wateriness of the blood; by the energetic action of the vessels of the heart; by increase of pressure in the cutaneous vessels, as during muscular exercise, etc.

Drugs.—Certain drugs *favor* sweating. Such are pilocarpine, Calabar bean, strychnine, picrotoxine, muscarine, nicotine, camphor, and the ammonias. Atropine, and morphine in large doses, *diminish* the secretion. I have found that muscarine and pilocarpine act on the peripheral end of the sudorific nerves.

Quinine, iodine, arsenic, and mercury, when introduced into the body, reappear in the sweat.

Although the nerves of the sweat-glands are not anatomically separated from others, yet their concurrence in the secretion is evident. In cutting the cervical sympathetic in a horse there is produced unilateral sweating (Dupuy). According to the increased intensity with

which the cervical sympathetic is galvanically excited through the skin of man, there follows a lowered or increased perspiration of the corresponding side of the face. These facts, together with the known dilatation of the cutaneous vessels in profuse perspiration, show the influence of the vasomotor nerves.

Goltz and others have shown that by exciting the nerve of a limb the perspiration of it can be increased through the action of sudorific nerve-fibers. The same results have been attained even though the limb has been previously amputated and therefore no longer subject to circulation. It appears that the vasomotor and sudorific nerve-fibers run in the nerves by themselves.

Stimulating in man a motor nerve,—such as the tibial, median, or facial,—the part corresponding to the active muscles would perspire, even upon the side not excited.

The excretion of sweat takes place through *vis a tergo,* aided by the concurring contraction of the interlaced muscular fibers in the glandular glomerules. Besides, a kind of aspiration is exercised at the mouth of the gland by the evaporation of the liquid which arrives there. It is for this latter reason that air saturated with vapor slackens perspiration, especially when the other causes of transpiration do not act very strongly.

In the normal state the sweat and urine vary in quantity with the season; in the spring the sweat predominates over the urine, in winter the reverse is true. There is an inverse relation between the sweat and intestinal secretions. There is a very noticeable balancing between the sweats and diarrhœa of phthisis.

By varnishing the body death is caused. This *does not occur by retention of poisonous principles in the blood.* There are functional troubles, the most remarkable of which is the cooling of the body. This cooling is due to vasodilation, and is the cause of death.

There seems to be a very steady relation between the amount of moisture exhaled from the lungs and the secretion of sweat. It is calculated in general that the perspiration is double that of the water from the lungs and, on an average, one sixty-fourth of the weight of the body.

Suppression of Sweat by Cold.—All pathologists recognize cold as the cause of many lesions of an inflammatory nature. If this be true, it is produced not by suppression of sweat alone. It is probable that there is a transmission of impressions by the skin-nerves to the nerve-centers. These impressions generate, by an obscure pathogenic mechanism, the inflammations of the viscera.

Rôle of Sweat-secretions.—The sweat is an important means for the elimination of water and alkalies.

It is also of very great use in the excretion of fatty volatile acids introduced into, or formed in, the organism. It is able to supplement the urinary secretion, for the skin is vicarious for the kidneys. It also carries off medicines and poisonous principles. It regulates animal heat, since the evaporation of the water of sweat cools the body. The secretion of sweat is independent of the circulation; however, there exists a relationship between them. Thus, an abundance of sweat requires a full, free circulation. As the salivary glands need a flow of blood to furnish materials for secretion, so do the sweat-glands.

I have shown elsewhere that the sudorific centers are in the *spinal cord* and that their fibers run in the *lateral columns*. The sweat-centers are excited by an excess of CO_2 in the blood and by overheated blood. Camphor, acetate of ammonium, and pilocarpine excite sweat by a direct action on the centers. Muscarine excites sweat by a local action; atropine arrests it.

Pathological.—Besides the components mentioned, biliary pigment is also found in the sweat of persons having jaundice; sweat becomes bitter after strong doses of quinine from its appearing in this medium during its elimination from the body. The sweat of diabetes is found to be sweetish, although the presence of glucose in it has not been definitely determined. The red pigmentation sometimes found is attributed to the blood-globules, crystals of which were found in the sweat. Hebra saw it succeed menstruation; but it may also occur in serious nervous disease and in yellow fever. In the offensive sweat of feet there is found leucin, tyrosin, baldrianic acid, and ammonia.

THE SECRETION OF THE URINE.

In a perfectly normal being the problems of waste and repair are balanced to a nicety. This equilibrium owes its maintenance to the proper action of the various glands of the economy, whether secretory or excretory. As we know, the tissues of the body are bathed in lymph containing the compounds in solution that are necessary for their nourishment: proteids, carbohydrates, fats, salts, and gases. By reason of the organism exercising its various functions, waste follows in direct proportion to the activity of the tissues. The worn-out and effete materials first find their way into the lymph and from it into the blood-stream, to be later eliminated from the economy, else deleterious results will follow their retention in the body. It is by the

selective action of the cells of the various glands of the body that these useless substances are removed from the blood: that is, *secreted* by them and converted into such form as to be readily removed to the exterior of the organism by *excretory* processes. In the main, the products to be removed are urea and allied nitrogenous bodies, carbon dioxide, salts, and water. Most of the water, salts, urea, and allied substances are eliminated as components of the urine by those most important organs, the kidneys. These organs are of vital importance, since nearly all of those waste-products containing nitrogen are eliminated in the urine.

The kidneys secrete the urine. Their excretory functions, a matter of everyday observation, represent the extent of their external secretion; although not yet definitely settled, the consensus of opinion leans toward the kidneys possessing an *internal* secretion as well.

Morphology of the Urinary Apparatus.—The secretory organs of the urine are the *kidneys.* They, two in number, are compound tubular glands, situated in the back part of the abdomen. The kidneys are extraperitoneal organs, lying behind the peritoneum and resting upon the lumbar portion of the diaphragm and anterior layer of the lumbar fascia. The upper borders of the kidneys touch a plane that is on a level with the upper border of the twelfth dorsal vertebra; their lower extremities are on a level with the third lumbar vertebra. The right kidney is usually somewhat lower than the left, probably because of the pressure exerted by the liver, against whose lower surface the kidney rests. In front it is in relation with the liver, the descending portion of the duodenum, and the hepatic flexure of the colon; the left kidney lies in relation with the fundus of the stomach, the tail of the pancreas, and the descending colon. Superiorly lie the supra-renal bodies. The kidneys are incased in a variable quantity of fat and loose areolar tissue, to which has been given the name *perirenal fat.*

The kidneys are firm organs, of variable color, between light red and bluish, according to the degree of congestion; each kidney weighs about four and one-half ounces. In shape they resemble a bean, their length being double their width; each kidney is about four inches in length, two inches in width, and one inch in thickness.

The internal border of each kidney is concave, the concavity being directed slightly forward and downward. This portion of the kidney is divided by a deep, longitudinal fissure, bounded by a prominent anterior and posterior lip. The fissure is known as the hilus, and allows of the passage of the vessels, nerves, and ureter to and from the substance of the kidney. Just within the hilus is a dilated fossa known

as the *sinus,* which contains the renal artery, vein, and pelvis of the kidney. The relation of the structures passing in and out of the hilus from before backward are: vein in front, artery in the middle, and the duct, or ureter, behind and toward the lower part. By keeping in mind these relations one will be able to distinguish the right from the left kidney after their removal from the body.

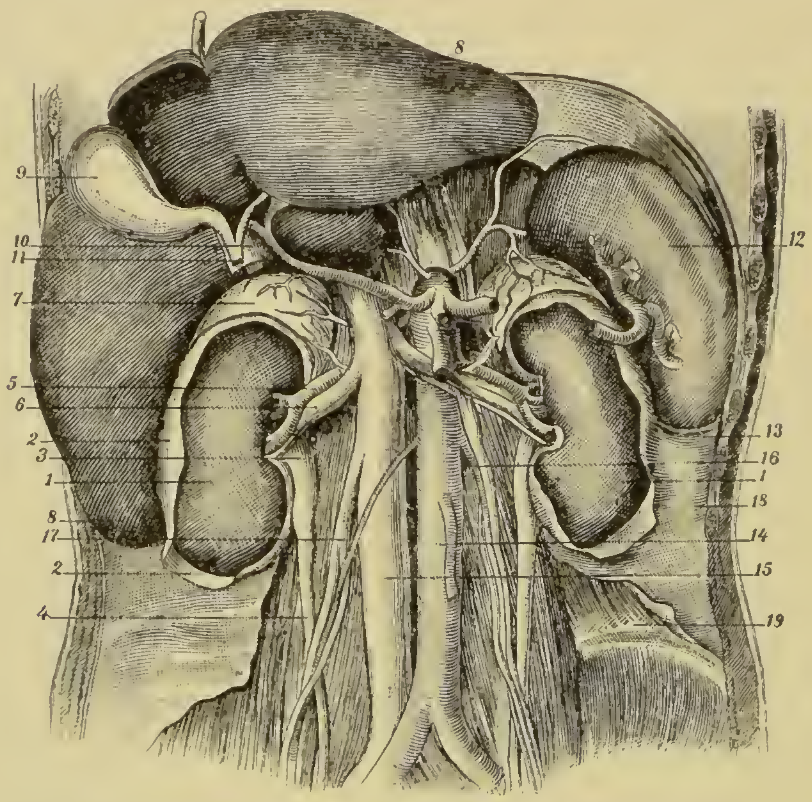

Fig. 67.—Relations of the Kidney. (After SAPPEY.)

1, 1, The two kidneys. 2, 2, Fibrous capsules. 3, Pelvis of the kidney. 4, Ureter. 5, Renal artery. 6, Renal vein. 7, Suprarenal body. 8, 8, Liver raised to show relation of its lower surface to right kidney. 9, Gall-bladder. 10, Terminus of portal vein. 11, Origin of common bile-duct. 12, Spleen turned outward to show relations with left kidney. 13, Semicircular pouch on which the lower end of the spleen rests. 14, Abdominal aorta. 15, Vena cava inferior. 16, Left spermatic vein and artery. 17, Right spermatic vein opening into vena cava inferior. 18, Subperitoneal fibrous layer or fascia propria dividing to form renal sheath. 19, Lower end of quadratus lumborum muscle.

In the funnel-shaped cavity of the renal pelvis is the *ureter.* From the kidney it passes over the psoas muscle, converging toward that of the opposite side to cross the external iliac artery and vein. It opens obliquely into the base of the urinary bladder. In females the ureter embraces the neck of the uterus. The ureters have an average length of eighteen inches and a lumen which averages that of a goose-quill. Just before piercing the bladder-wall the lumen of the ureter becomes appreciably smaller.

The *urinary bladder,* situated between the symphysis pubis and the rectum in man, between the symphysis and the uterus in woman, is held in position by the urachus and lateral ligaments. Its base rests upon the perineum and anterior wall of the rectum in man, upon the anterior wall of the vagina in woman. From the base of the bladder the urethra takes its origin.

The opening for the latter bears such a relation to the entrance into the bladder of the two ureters that there is formed the *vesical triangle.* The openings for the ureters are about sixty millimeters apart.

The capacity of the bladder varies with its extensibility, so that it is possible for the viscus to be so distended that its upper border may reach the umbilicus or even the epigastric region. Ordinarily the capacity in both sexes is about a pint.

The bladder receives its *blood-supply* from the branches of the anterior trunk of the internal iliac. The *lymphatic* vessels communicate with the lumbar ganglia. The *nerves* are derived from the sympathetic, the sacral, and probably some fibers from the pneumogastric also.

General Structure of the Kidney.—Beneath the perirenal fat lies the proper tunic, or covering, of the kidney, commonly called the *capsule.* In health it is a smooth, thin, but tough, fibrous covering, closely adherent to the organ, but from which it can be readily stripped. By reason of this separation, however, fine connective-tissue processes and minute blood-vessels are torn which have served as a means of attachment for the capsule. The denuded kidney presents a smooth, even surface of a deep-red color.

For a proper naked-eye study of the kidney the organ must be divided longitudinally from the hilus to its outer border, and the fat and areolar tissue must be removed from the vessels and ureter. It will at once be seen that the kidney is composed of a *cavity,* somewhat centrally located, and the *parenchyma* of the organ, nearly surrounding the central cavity. This compartment, as before stated, is termed the *sinus,* and is lined by a continuation of the fibrous covering of the kidney. It is through the *hilus* that this fibrous covering passes, as do the renal vessels and ureter.

The ureter, upon entering the sinus, is expanded into a funnel-shaped sac, the *pelvis.* The pelvis soon divides into several branches of smaller size, and these immediately subdivide into from eight to twelve infundibula, or *calyces,* from their resemblance to cups. Into each calyx there projects the point or extremity of a renal pyramid.

The blood-vessels lie within the sinus, between its wall and the exterior of the pelvis, before subdividing and entering the parenchyma of the organ.

The *parenchyma* is seen to be composed of two portions, an external, investing *cortical* portion, and an inner, *medullary*, or pyramidal portion.

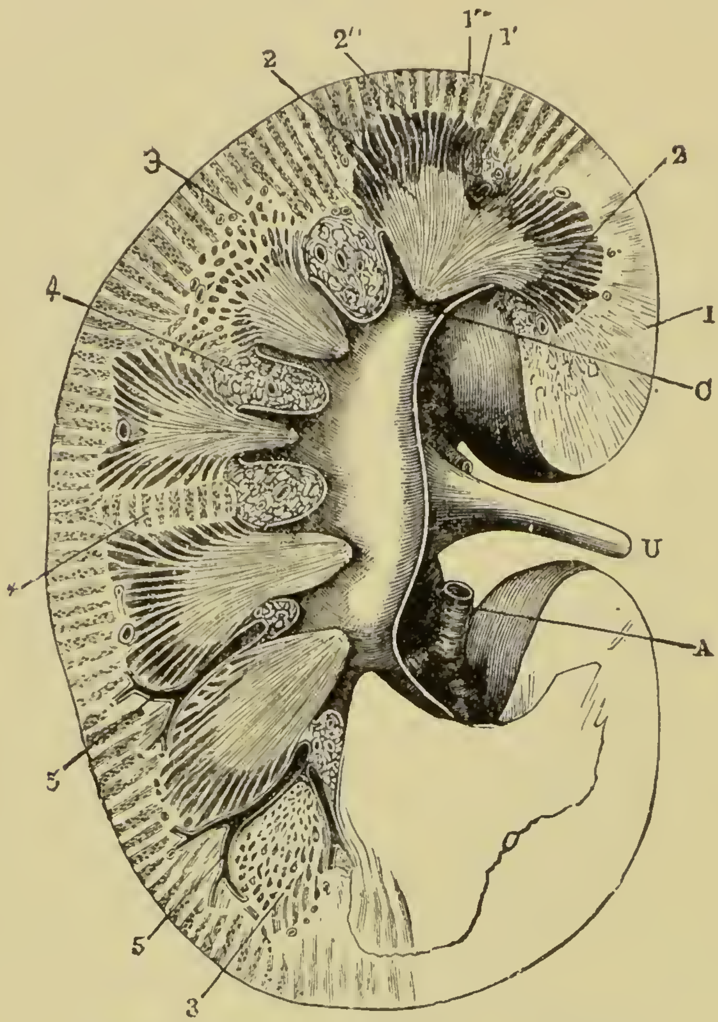

Fig. 68.—Section of Kidney. (LANDOIS.)

1, Cortex. 1', Medullary rays. 1'', Labyrinth. 3, Medulla. 2', Papillary portion of medulla. 2'', Boundary layer of medulla. 4, Fat of renal sinus 5, Artery. *A*, Branch of renal artery. *U*, Ureter. *C*, Renal calyx.

The *cortex* is light brown in color, granular, and very friable. The granular aspect is due to the presence of Malpighian corpuscles, which are separated at regular distances by medullary rays, or striæ, which give to the cortex a radiate appearance. The boundary zone is darker, and also striated from blood-vessels and uriniferous tubules. It is through this portion that arteries and nerves enter and veins and lymphatics pass from the kidney.

The *medulla* is composed of from eight to twelve pyramids, or cones, of pale-red, striated tissue, known as the *pyramids* of *Malpighi;*

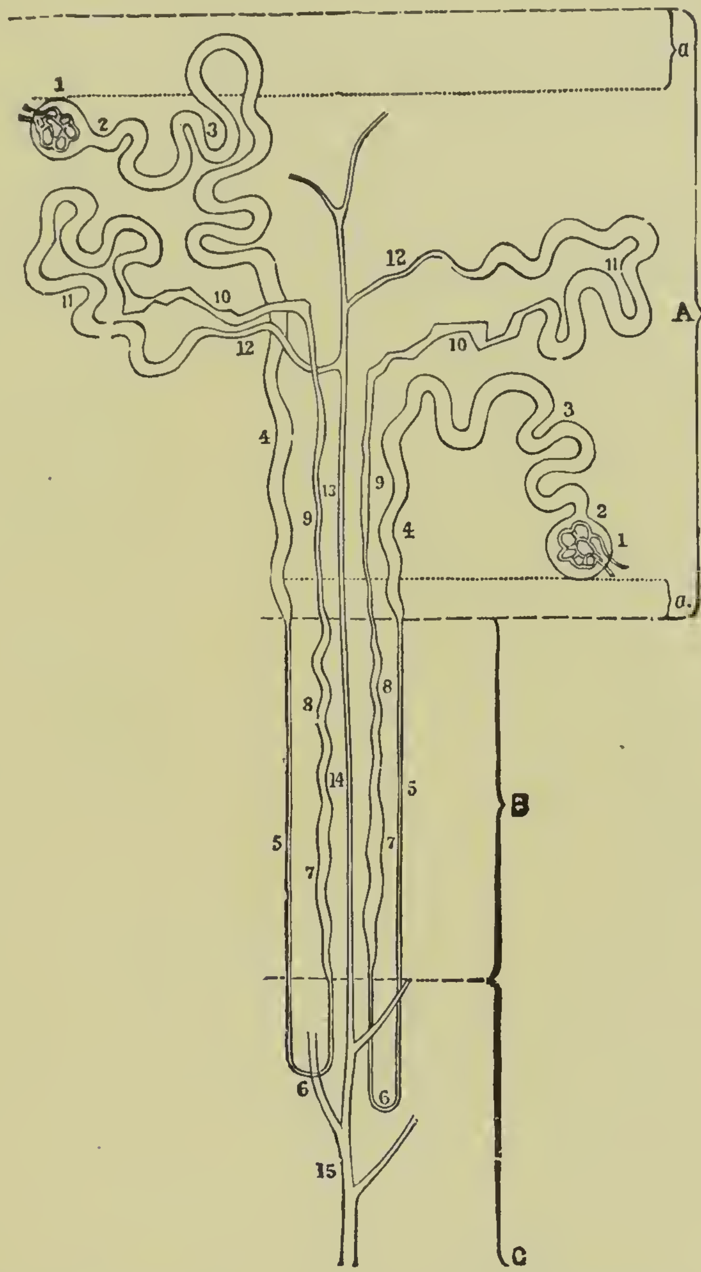

Fig. 69.—Diagram of the Course of Two Uriniferous Tubules. (Landois.)

1, Malpighian tuft surrounded by Bowman's capsule. 2, Constriction on neck. 3, Proximal convoluted tubule. 4, Spiral tubule. 5, Descending limb of Henle's loop-tube. 6, Henle's loop. 9, Wavy part of ascending limb. 10, Irregular tubule. 11, Distal convoluted tubule. 12, First part of collecting tube. 13, Straight part of collecting tube. *A*, Cortex. *B*, Boundary zone. *C*, Papillary zone.

their number depends upon the number of lobes composing the organ during the fœtal state. It is the apices of these cones which dip down into the calyces of the pelvis.

Minute Anatomy.—The kidneys consist of numerous tubular glands intimately united together. The tubes, known as *tubuli uriniferi,* take their origin in the labyrinth of the cortex as distinct globular dilatations, each of which is known as Bowman's capsule. The capsule surrounds a small, red, spherical body known as the *glomerulus,* or Malpighian corpuscle, after Malpighi, its discoverer. The capsule, about one one-hundredth of an inch in diameter, is constricted at its *neck* to form a tube. Beyond this constriction the tube pursues a very convoluted course through a considerable extent of the cortical area, as the *tubulus contortus,* which is about one six-

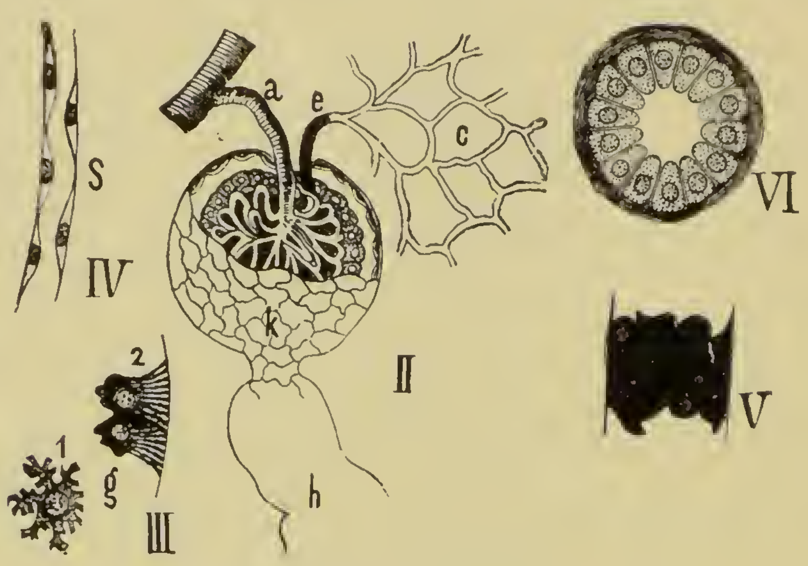

Fig. 70. (LANDOIS.)

II. Bowman's capsule and glomerulus. *a*, Vas afferens. *e*, Vas efferens. *k*, Endothelium of the capsule. *c*, Capillary network of the cortex. *h*, Origin of a convoluted tubule.

III. "Rodded cells" from a convoluted tubule. 2, Seen from the side, with *g*, inner granular zone. 1, Seen from the surface.

IV. Cells lining Henle's looped tubule.

V. Cells of a collecting tube.

VI. Section of an excretory tube.

hundredth of an inch in diameter. Soon the convolutions disappear to give place to a more or less *spiral* tube as it approaches the medulla: *spiral tube* of *Schachowa.*

At the boundary-line between cortex and medulla the tube becomes suddenly smaller and is now perfectly straight, forming the *descending limb* of *Henle's loop,* dipping down for a considerable distance into the pyramid. By the sudden changing of its course backward, but still parallel with its original course, there is formed the *loop* of *Henle,* which, continued upward to the cortex, constitutes the *ascending limb* of *Henle's loop.* Ascending into the cortex it be-

comes dilated, irregular, and angular,—zigzag,—which ends in the distal convoluted tube, finally to terminate in a short *curved tube*, which empties into the straight, or *collecting, tube.*

The collecting tubes, as they run toward the medulla of the kidney, unite with other distal convoluted tubules. They also unite at acute angles with adjacent collecting tubes finally to pass to the papillæ. The loops of Henle and the collecting tubes constitute the *tubuli recti.* Each uriniferous tubule is thus completely isolated as far as the junction of the distal contorted tubes with the collecting tube.

A portion of the loops of Henle and the upper part of the collecting tubes form the little cones in the cortex, visible to the eye and known as the *pyramids* of *Ferrein.*

The *Malpighian corpuscle* consists of a spherical plexus or knot of blood-vessels, the *glomerulus,* which is inclosed in the dilated end of the urinary tubule, known as the capsule of Bowman. As the capsule has been infolded by the glomerulus being pushed into it (as one would infold the end of the finger of a glove by the tip of one's finger), it follows that the capsule consists of two layers. The internal one, covering the glomerulus closely, is formed of cubical cells, while the external one, formed of flat, polygonal cells, passes on into the neck and thence forms the wall of the convoluted tubule. The cells in this portion of the tube are shaped like a cone, the narrow end being directed toward the lumen of the vessel; owing to the fine, longitudinal lines upon each cell, it has a rodlike appearance: *rodded cell.*

The Blood-vessels.—The renal artery divides at the hilus into four or five branches. The four or five main branches continue to divide and subdivide and so pass into the parenchyma of the organ. They course *between* the papillæ to run up to the boundary between the medulla and cortex. Here the vessels bend at right angles to form a series of loops or arches, their convexity toward the cortex of the kidney. From the convex sides of the arches there spring vessels at regular intervals termed *interlobular,* or *radiate, arteries.* They sometimes run up so as to divide the cortex into small lobules, coursing singly between each two medullary rays. These radiate arteries give off numerous small branches which run at right angles, each one entering a Malpighian corpuscle. It is usual for the point of entrance of the artery to be diametrically opposite the point of origin of the urinary tubule. These last-named vessels, the *vasa efferentia,* break up into very fine vessels within the capsule to constitute the glomerulus. They are supported by connective tissue, and form a veritable tuft of

capillary vessels. It is of interest to note that each glomerulus is covered by a single layer of flat, nucleated, epithelial cells, these even dipping down between the capillaries.

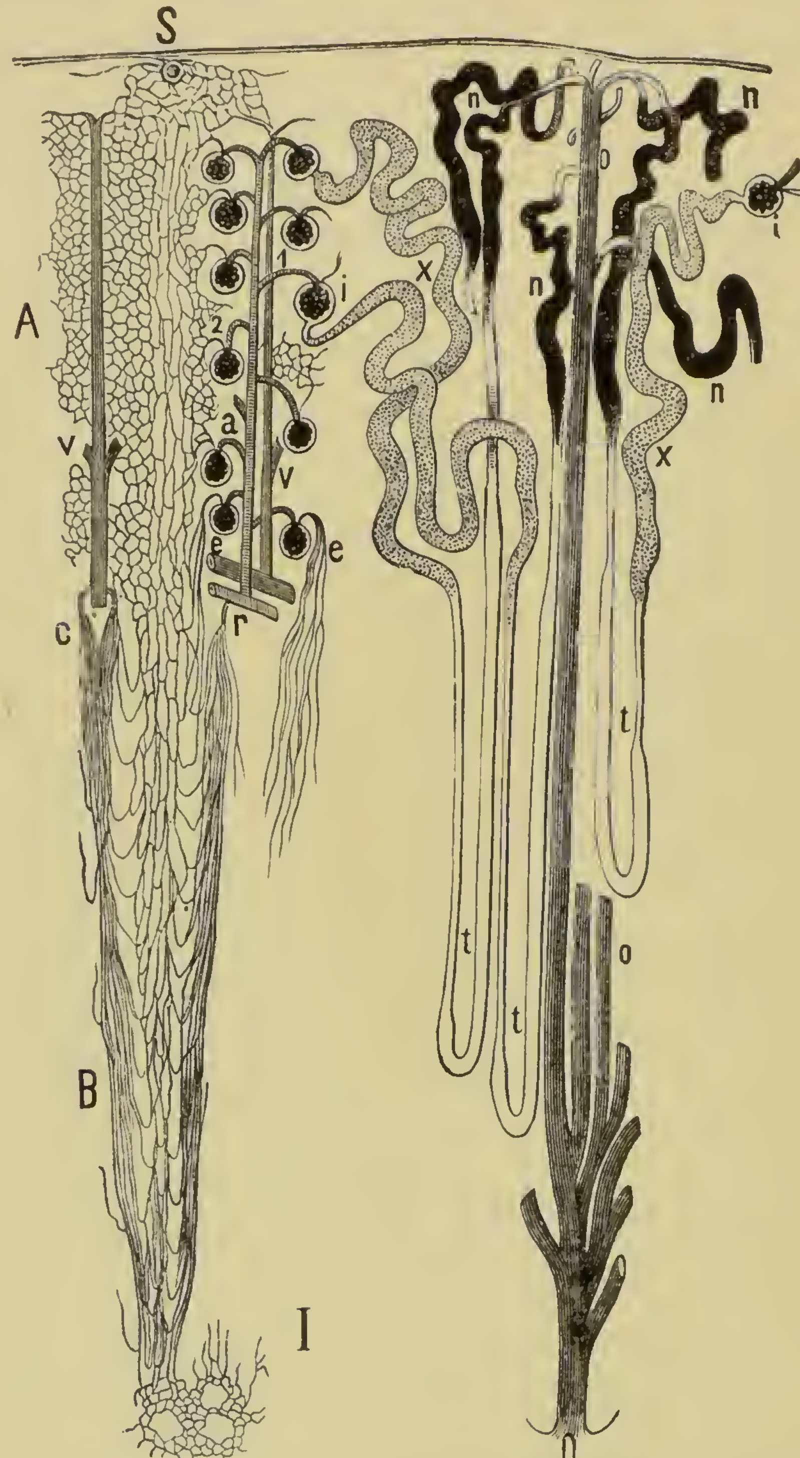

Fig. 71.—Blood-vessels and Uriniferous Tubules of the Kidney (Semidiagrammatic). (LANDOIS.)

A, Capillaries of the cortex. *B*, Of medulla. *a*, Interlobular artery. 1, Vas afferens. 2, Vas efferens. *r*, *c*, Vasa recta. *c*, Venæ rectæ. *v*, *v*, Interlobular vein. *i*, *i*, Bowman's capsule and glomerulus. *x*, *x*, Convoluted tubules. *t*, *t*, Henle's loop. *o*, *o*, Collecting tubes. *O*, Excretory tube.

From the center of the glomerulus there proceeds a vessel that is somewhat smaller than the afferent vessel, known as the *efferent vessel;* it is a vein, and leaves the capsule very close to the point of entrance of the vas afferens.

The efferent vessel also divides to form a secondary capillary network, the renal portal system, with elongated meshes in the situation of the pyramids of Ferrein; from this plexus arise the interlobular veins which run parallel to the interlobular arteries.

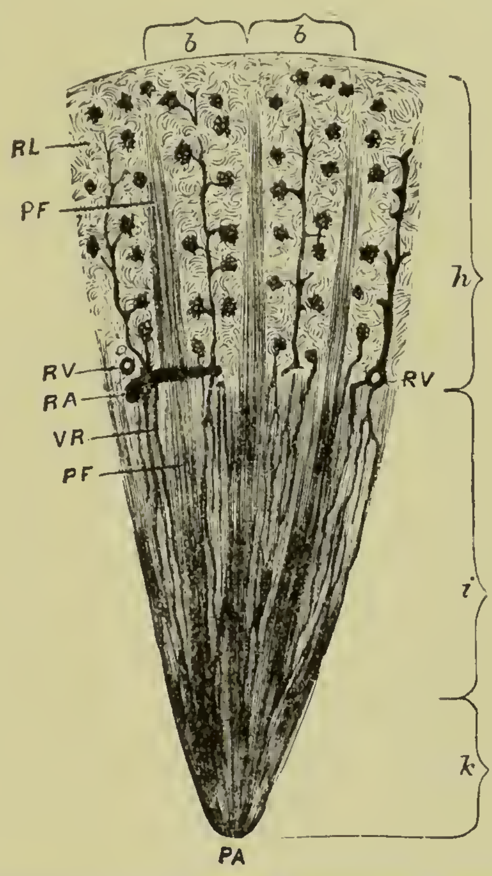

Fig. 72.—Longitudinal Section of a Malpighian Pyramid. (LANDOIS.)

h, Cortex. *i*, Boundary or marginal zone. *k*, Papillary zone. *PF*, Pyramids of Ferrein. *RA*, Branch of renal artery. *RV*, Lumen of renal vein receiving an interlobular vein. *VR*, Vasa recta. *PA*, Apex of renal papilla. *b*, *b*, Embrace the bases of the renal lobules.

The *medulla* of the kidney receives its arterial supply from the *arteriæ rectæ;* these latter are vessels which spring either from the arterial arches or from the interlobular arteries. According to some authors, they may be derived from the afferent vessels of the deepest and largest glomeruli. Within the pyramids the arteriæ rectæ divide and subdivide to form a plexus of capillaries which eventually merge into the *venæ rectæ,* to empty into the venous trunks at the boundary between the medulla and cortex.

The *renal veins* arise from three sources: (1) the venous plexus beneath the capsule, (2) the plexus around the tubuli contorti, and (3) the plexus located near the apices of the pyramids. Within the sinus the larger branches from these plexuses inosculate to form the renal veins, which pass through the hilus to empty into the inferior vena cava.

The vasa recta circulation is of prime importance in that it forms a sidestream through which much blood may pass without being compelled to traverse the glomerulus. It is very apparent that this circulation is highly useful in conditions of kidney congestion as a sidestream.

Three kinds of capillaries are found within the kidney: (1) *glomerular,* (2) *efferent capillaries,* and (3) capillaries of the *vasæ rectæ.* The kidney, for its size, is abundantly supplied with blood.

Lymphatics.—The kidneys are richly supplied with lymphatics, occurring as slits. The renal lymphatics terminate in the lumbar lymphatic glands.

Nerves.—The nerves of the kidney accompany its blood-vessels, ganglionic plexuses being numerous. They are from the renal plexus, coming originally from the solar plexus.

Physical Properties and Chemical Composition of the Urine.

The analytical study of the urine is of great value to the physician and surgeon because of the knowledge which it gives concerning the processes of metabolism occurring within the body. The nature and amount of the various end-products of metabolism are carefully investigated as they occur in the urine, whether they be normal or pathological. From these investigations corresponding conclusions are drawn.

Neutral substances are, normally, either absent or present in but minutest quantities. All of the important and more abundant constituents of normal urine are either basic or acid in reaction. These bases and acids must, therefore, enter into various combinations, making the urine a *solution* of *salts.* The quantity of separate ingredients found analytically might lead the observer to consider the metabolic processes as pathological, yet in solution perfectly normal compounds are formed by these same components. The error is due to the inability to study the properties of the urine as a complex unit: the effects certain components have on others, their avidity for one another, and the consequent equilibrium established.

The Urine.—The normal human urine, recently passed, is a clear liquid of a straw color. It has an average specific gravity of 1.020, is of aromatic odor, and a salty bitter flavor. In reaction it is acid; only in pathological conditions does it become neutral or alkaline.

Receding from the temperature of about 100° F., which is proper to it in the act of passing, it loses its aromatic odor and acquires a peculiar odor, described as urinous. In healthy persons it has been seen to be phosphorescent during micturition, probably from the liberation of phosphorus by its salts. In cooling, urine becomes turbid, with a small cloud suspended in the thickness of the liquid, formed from the epithelium of the uriniferous tubules. It leaves, besides, especially if very much colored, sediments of different appearance, according to the varying composition.

The *quantity* of urine secreted by the kidneys of a healthy adult man in twenty-four hours ranges from 1200 to 1700 cubic centimeters, or about 50 ounces; in females the quantity is less. During sleep the amount secreted is less than at other times, so that the minimum secretion is placed between 2 and 4 A.M. and the maximum from 2 to 4 P.M.

While the average daily secretion is placed at 50 ounces, yet it must be borne in mind that this quantity is not fixed, but may be very variable, dependent upon numerous conditions.

The amount of urine is *diminished* by reason of profuse sweating, extensive diarrhœa, thirst, diminution in blood-pressure, after severe hæmorrhage, and in some forms of kidney disease.

Increase in urinary secretion (polyuria) is produced by an increase in blood-pressure, by imbibing excessive draughts of liquids, by any condition whereby the cutaneous blood-supply is diminished (cold will do this). Polyuria is likewise produced by the administration of drugs which raise arterial tension, as digitalis and alcohol, and caffeine and sparteine, which stimulate the renal cells.

The influence of the nervous system upon the secretion of urine is very clearly demonstrated by cases of hysteria. Hysterical patients void excessive amounts of a very pale, watery urine.

The specific gravity, as previously stated, averages 1.020; that is, the mean between 1.015 and 1.020. The specific gravity varies inversely to the quantity excreted. When, for any reason not pathological, there is polyuria, the mark drops proportionately, registering as low as 1.002. As a result of profuse sweating and abstinence from liquids, the mark may reach 1.035 in healthy individuals.

Acidity.—The acidity of the urine is chiefly due to acid phosphate of sodium. There are two tides in the acidity of the urine. During

digestion the formation of the hydrochloric acid in the stomach frees certain bases in the blood, which, when excreted, diminish the acid reaction of the urine. This is called the alkaline tide. The acid tide is after a fast, and hence occurs early in the morning.

Ordinarily it should be remembered, when taking the specific gravity of urine, that anything below 1.010 should at once excite suspicion of polyuria, with probably albumin; when above 1.030, diabetes mellitus or some febrile condition may be present.

The *urinometer* is the instrument used to ascertain the density of any given sample of urine, and is so graduated that, when floating in distilled water, it registers 0 degree, by which is meant 1000. The urine is placed in a tall, cylindrical glass of proper width so that the urinometer will not adhere to its sides. After cessation of the oscillations of the instrument, the observer carefully sights along the surface of the urine to note the number registered. This precaution is taken because the capillarity along the stem of the instrument causes the urine to rise.

The urine is composed of *water* in the average proportion of 96 per cent., and of *substances dissolved* in it in the proportion of 4 per cent. Among the "substances dissolved" in urine we find: urea, uric, hippuric, lactic, and oxalic acids, and ammonia; also creatin, chlorides, sulphates, phosphates, with the bases—potassium, sodium, calcium, and magnesium.

Urea ($CO[NH_2]_2$) is the diamide of CO_2; that is, a carbamide.

Urea greatly prevails over the other constituents of the urine, since in normal urine it forms nearly one-half of the solids. Nearly one-half of urea is nitrogen. It is the principal representative of the waste of the nitrogenous tissues.

Urea is inodorous, fresh, bitter, neutral, very soluble in water and alcohol, but almost insoluble in ether. It crystallizes quickly into needles; slowly, into quadrangular prisms of the rhombic system. Urea fuses and decomposes at 248° F., with the development of ammonia.

Urea is very rich in nitrogen. The nitrogen that finds its way from the body through the urine as a vehicle amounts to about 15 grams in twenty-four hours. This represents practically all of the nitrogenous waste of the economy, since less than 1 gram finds egress from all other channels taken collectively. The total amount of nitrogen is estimated by the Kjeldahl process.

Among the combinations with acids and bases of which urea is capable, those with nitric and oxalic acids are important. It is

precisely these which are most commonly employed in the extraction of urea. With nitric acid, nitrate of urea is formed, which crystallizes in lozenge-shaped crystals. With oxalic acid, urea forms urea oxalate, and crystallizes into flat or prismatic bodies. Both types of crystals may very readily be demonstrated by placing drops of urea beneath cover-glasses and allow drops of nitric and oxalic acids, respectively, to flow beneath the cover-glasses. After some little time crystals of the respective types will be seen to form. Besides being free, urea is also found combined in the urine with sodium chloride.

DECOMPOSITION OF UREA.—When urea is heated, vapors of ammonia are evolved. Urine is also subject to an *alkaline fermentation,* due to the micrococcus ureæ. This generally follows the acid fermentation, but may take place without it, in the bladder as well as outside. This fermentation is accomplished by decomposition of the urea into carbonate of ammonia. By virtue of this the urine is strongly darkened, becomes alkaline, putrescent, and forms a film of bacteria on its surface. Urinals always have an ammoniacal odor.

Hypobromite of soda decomposes urea as follows:—

$$\underset{\text{Urea.}}{CO\begin{cases}NH_2\\NH_2\end{cases}} + \underset{\text{Sodium hypobromite.}}{3NaBrO} = \underset{\text{Carbonic acid.}}{CO_2} + \underset{\text{Nitrogen.}}{N_2} + 2H_2O + \underset{\text{Sodium bromide.}}{3NaBr}$$

Upon this reaction depends an estimation of the amount of urea present in a sample of urine. The calculation is made in units of nitrogen-gas, which gas rises in small bubbles to be collected and measured.

The constituents of urine are not actually formed in the kidney itself, as bile is formed in the liver, but are formed elsewhere. The kidney is simply the place where the constituents are picked out from the blood and eliminated from the body.

Muscular exercise has but a *slight* effect on the amount of urea excreted; this is in striking contrast to the quantity of carbonic acid that accompanies muscular exertion to find exit in the expired air. Muscle-work falls upon the carbon rather than upon the nitrogen of the muscle-substance.

QUANTITY OF UREA.—The quantity of urea excreted daily varies, but may be averaged as 500 grains. According to Tschlenoff, after a meal rich in proteids, which stimulate proteid metabolism, there are two maxima in its excretion. The first takes place at the third or

fourth hour and the second at the sixth or seventh hour. The urea comes from proteid metabolism, and not from the food. Labor greatly increases the exhalation of carbonic acid, but does not affect to any great extent the excretion of urea.

FORMATION OF UREA.—The chief source of urea is from the metabolism of the muscles. The ingestion of a large amount of proteid food stimulates metabolism. Muscles contain in their mass over 70 grams of creatin, while the amount of creatin excreted is only about 1 gram. Urine contains about 30 grams of urea and muscles

Fig. 73.—Uric-Acid Crystals with Amorphous Urates. (PURDY, *after Peyer.*)

only a trace. But all experiments to prove an actual relation between creatin and urea have been failures.

The other alloxuric bodies—xanthin, hypoxanthin, and uric acid—are also to be regarded. They are members of a group of bodies having as their base of formation the so-called purin-ring which consists of two urea radicles linked together by a central chain of carbon atoms. They are probably split up in part into urea.

I have already alluded to arginin as a source of urea. All the proteids are probably split up into bodies which form ammonia. Now, if we give by the mouth ammonia salts we find an increase of urea. Further, if ammonia salts are perfused through the liver we find urea

is generated. This and various other facts lead us to believe that the liver is the chief manufactory of urea.

Uric Acid ($C_5H_4N_4O_3$).—This constituent is scarce in human urine, hardly reaching 0.03 per cent. of its component solids. Next to urea, it is the product of excretion richest in nitrogen. It is very preponderant and perhaps altogether the chief excretion in birds, reptiles, and insects.

Uric acid, or lithic acid, is colorless, inodorous, and insipid; it usually crystallizes in whetstone crystals, which have for a fundamental type the vertical rhombic prism. It is insoluble in alcohol and ether, only very slightly soluble in water. The rhombic crystals are characteristic of uric acid.

If HCl be added to urine, there will be deposited on the bottom of the vessel after several hours a deposit resembling Cayenne pepper. Uric acid occurs in the urine as acid sodium urate. The HCl decomposes the urates, setting free the acid, which does not crystallize at once, by reason of the presence of phosphates. According to Liebig, it is especially by the phosphates that the acid is dissolved, under the form of urate.

Uric acid is *dibasic,* so that there are two classes of urates: the *normal urates* and the *acid urates.* The amorphous urates are quadriurates; acid urates are crystalline.

Uric acid is trioxy-purin. The purin bases are hypoxanthin, xanthin, adenin, guanin, and uric acid. All these bodies are derived from a substance called *purin.*

The elimination of nitrogen in the urine can be augmented by the food. Thus, nuclein (of which the thymus contains a large amount), coffee, cocoa, and meat (veal and ham especially), cheese, and beer are rich in purins. The bodies poor in purins are milk, potatoes, white bread, rice, eggs, salads, and cabbage.

Formation of the Uric Acid.—Like with urea, the liver also forms uric acid from ammonia and lactic acid. It is a result of proteid metabolism, especially of the nuclein of the cells. Large draughts of water, quinine, and common salt diminish the quantity of uric acid. In gout the amount excreted in the urine is small, while it accumulates in the blood and tissues. Uric acid and lithic acid are the same. Lateritious, or brick-dust, sediment in the urine is composed of urates, and is chiefly sodium urate.

The average daily quantity of uric acid passed in the urine of man might be calculated at about 7 grains. When the quantity is excessive, it very frequently happens that the acid is deposited in the form of urinary calculi and gravel.

MUREXIDE TEST.—Slowly and gently heat some urine and nitric acid in a porcelain dish to the point of dryness. Decomposition has taken place, the color changing to yellow, and N and CO_2 are given off. After allowing the yellow stain to cool, add a drop of dilute ammonia-water to it, when will be formed with the uric acid a purplish-red color of murexide. On the addition of caustic potash the color becomes a marked blue.

Hippuric Acid ($C_9H_9NO_3$), which is the principal representative of nitrogenized regression in the herbivora, is scarce in human urine. In the latter it appears chiefly after the use of some fruits, such as apples, plums, and grapes.

Hippuric acid is the product of the coupling of glycocin with benzoic acid. It may also be formed in the kidney itself. It is monobasic, very slightly soluble in cold water and ether, and readily soluble in warm water and alcohol. It crystallizes in vertical rhombic prisms, is of a bitterish flavor, and is acid in reaction. When decomposed by heating with acids and alkalies, or when transformed by animal ferments, hippuric acid resolves itself into its components: benzoic acid and glycocin. Ingested benzoic acid and oil of bitter almonds are eliminated with the urine as hippuric acid.

Some of the hippuric acid, at least, *is the product of the activity of the secreting cells of the renal tubules,* as is demonstrated by perfusing. If arterial blood containing benzoic acid and glycocin be forced through the blood-vessels of a freshly excised kidney, hippuric acid will be found in the perfused blood.

The food of herbivora seems to be an important factor in the manufacture of hippuric acid. When fed upon grain *without the husk,* hippuric acid is absent. Crystals of hippuric acid can be readily precipitated from the fresh urine of horses and cows.

Lactic Acid is a constant component of the urine. Its quantity is increased when it abounds in the blood from deficiency of oxidation, or from free derivation from the aliments, or from gastric fermentations.

Oxalic Acid is an inconstant component; it occurs with calcium in the crystalline form of octahedrons. The crystals are insoluble in acetic acid, but are readily dissolved by hydrochloric and nitric acids. The "envelope"-shaped crystals are very characteristic.

Oxalic acid appears to be derived from outside the economy, principally from the ingestion of vegetable foods, such as sorrel, lemons, rhubarb, etc. It may also result from incomplete oxidative processes.

Creatinin occurs in the urine in the average daily amount of 0.9 gram. Its sources are believed to be: (1) the creatin of muscles formed by the subtraction of a molecule of water and (2) flesh foods. If creatin be fed to animals it appears as creatinin in the urine; however, if it be injected intravenously it appears in the urine as creatin; so that it is very improbable that the kidneys are concerned in its manufacture.

Xanthin, hypoxanthin, leucin and tyrosin, and traces of allantoin are sometimes formed in the urine where they represent nitrogenized bases of albuminoid retrogression. Glycuronic and homogentisinic

Fig. 74.—Leucin in Balls; Tyrosin in Sheaves. (PEYER.)

acids are found in the urine occasionally. Children of first cousins almost invariably have in their urine homogentisinic acid.

Coloring Matters of the Urine.—The two main coloring matters of the urine are *urochrome* and *urobilin*. Under normal physiological conditions, urine may range from an almost colorless or pale straw-yellow through intermediate shades until reddish brown is reached. The commonest condition is yellow. Pale urine is usually of low density; high-colored, of high density, dependent upon the constituents excreted by the renal epithelium. In addition to the two main coloring matters may be mentioned *uroerythrin* and *hæmatoporphyrin;*

these four are not the only chromogenic factors in the urine, but are the ones that are best known to us to-day.

UROBILIN, like bile-pigment, is an iron-free derivative of hæmoglobin. In normal urine it occurs in very small amounts and almost always as a *chromogen;* only rarely is it found free in physiological urine. In diseases it is commonly increased, especially in the highly colored urines of feverish patients. It gives to the urine a peculiar reddish color.

Urobilin is identical with stercobilin. The theory usually accepted concerning its mode of origin is that bile-pigment is converted in the intestines into stercobilin; while the major portion of the stercobilin leaves the body combined with the fæces, nevertheless some is *reabsorbed* and excreted in the urine as urobilin. Some observers state that intestinal micro-organisms can reduce bilirubin to urobilin.

UROCHROME is regarded as the proper pigment of the urine, giving to this secretion its familiar yellow color. When removed from this medium the urine loses nearly all of its color. It is separable into yellow scales. Urochrome may decompose to produce *uromelanin,* among other products. The last-named constituent gives a blackish tinge to the urine.

UROERYTHRIN.—Aqueous solutions of urochrome, when exposed to the air and so oxidized, turn red (uroerythrin). This coloring matter is familiarly known by reason of its association with the acid sodium urates, which it colors red to form the popularly known "brick-dust" sediment. Normally, it occurs in but small quantities, but by reason of its strong coloring properties is intimately concerned in the coloring of the urine. Three properties are characteristic of uroerythrin: (1) its remarkable affinity for uric-acid compounds, (2) the ease with which its solutions are decolored by light, and (3) its color-reactions with caustic alkalies and mineral acids.

HÆMATOPORPHYRIN exists in but very small amounts in the urine normally; pathologically and after the ingestion of certain drugs, as sulphonal, it may be greatly increased.

INDICAN, OR INDOXYL.—This is another pigment which colors the urine intensely yellow. It is an indigo substance represented by a dense, yellow-brown acid, nauseatingly bitter and very soluble in water, alcohol, and ether.

Indican is derived from *indol,* which is formed in the intestines as a product of putrid decomposition of the pancreo-peptones. It is in direct relation to the quantity of bacterial putrefaction of albumins. Indican is really a conjugated sulphate.

Test.—When urine is mixed with an equal bulk of strong HCl, indoxyl is liberated from the sulphate. A solution of hypochlorite is now added, drop by drop, when indigo-blue will be formed by oxidation of the indoxyl. Upon the addition of chloroform the blue matter is precipitated, forming a layer at the bottom of the liquid.

Pathological Pigments.—BLOOD-PIGMENTS.—Blood in the urine (hæmaturia) may result from injury or disease anywhere along the urinary tract. In this urine the red blood-corpuscles are found in the deposit. An idea as to the probable source of the hæmorrhage may be gotten by careful analysis. Thus, blood from the *kidney* is usually small in amount, gives urine a "smoky" appearance, and is well mixed. Large coagula are never found in this urine. In hæmorrhage from the *ureter* it is common to find long, wormlike coagula. *Bladder* hæmorrhage is known by its numerous clots and shriveled-up leucocytes. If the urine be alkaline, crystals of triple phosphate will likely be found.

In *hæmoglobinuria,* the pigments exist *in solution,* no corpuscles being found. It is caused by the excretion of hæmoglobin by the kidneys when it exists as a free body in the blood-stream. Free hæmoglobin is due to active hæmocytolysis, as injection of foreign blood, severe burns, etc.

BILE-PIGMENTS IN THE URINE.—It is usually in cases of icterus that this condition exists when the urine becomes of a decided yellow color. The pigment usually found is bilirubin.

Bile-pigment is readily detected by Gmelin's reaction, performed by gently pouring the urine upon the surface of fuming nitric acid, when a green-colored ring appears.

CARBOLURIA.—In this condition the urine is greenish brown, becoming darker upon exposure to the air. It occurs either after poisoning by carbolic acid or when the acid has been administered as a drug.

DRUG-PIGMENTS.—After the administration of certain drugs the urine is sure to be colored differently from normal. Those which do this are rhubarb, hæmatoxylin, santonin, and methylene blue.

The Inorganic Constituents.—These are derived either from the aliments with which they are introduced into the body or they are formed in the organism by combination with bases of the oxidized sulphur and alimentary phosphorus. They are eliminated with the urine in daily amounts from 16 to 24 grams.

To these components belong: *chlorine,* combined chiefly with sodium; *phosphoric acid,* uniting with potassa, soda, calcium, and magnesia to form basic, neutral, and acid salts; *sulphuric acid,* in part

combined with alkalies and in part united to indol and phenol in the form of aromatic substances (Baumann). The chlorides and the major portion of the phosphates come from the blood; the sulphates and the remainder of the phosphates come from the activities of metabolism.

Chlorides occur in the form of sodic chloride. The average quantity excreted is 180 grains daily. If the chlorides be in excess in the food, not so much is given out in the urine as has been introduced, since part passes off through the skin and rectum, while another part accumulates in the tissues. Some is decomposed to form the HCl of the gastric juice. Sodium chloride is absent in early stages of pneumonia.

Phosphoric Acid.—This acid, combined to form the alkaline and earthy phosphates, appears in the urine in the daily quantity of about 2 grams. The phosphoric acid of the urine is derived principally from the alimentary phosphates.

Hence there is an increase of phosphates after a meal composed principally of meat, after muscular and nervous labor. There is pathological increase in diseases of the brain and in osteomalacia; there is diminution in pregnancy by reason of deposition of phosphate within the fœtal bones.

The Sulphuric Acid is derived from the liberation and oxidation of tissue sulphur. Sulphuric acid occurs in the urine in combination with alkalies, principally sodium and potassium. The sulphur introduced into the system medically finds egress mainly in the fæces, as it does not easily pass into the blood. From this it is inferred that the sulphur eliminated is derived especially from the transformation of the tissue-proteids. It runs parallel with urea excretion. The daily quantity of sulphates excreted is 3 grams. Proteid contains 1 per cent. of sulphur and 16 per cent. of nitrogen.

The aromatic sulphates form one-tenth of the total sulphates, and arise from bacterial putrefaction within the intestinal canal, in intestinal obstruction, typhoid fever, etc. The chief aromatic (ethereal) sulphates are phenol sulphate of potassium and indoxyl sulphate of potassium.

Carbonic Acid in a state of combination is scarce in the urine and only increases there after the use of alkaline carbonates and of vegetable acids, which latter are transformed into carbonic acid by oxidation.

To sum up in an approximate average the very variable proportions of the principal, normal constituents of the urine, it may be said

that with a mixed diet and moderate bodily movement there are in every 100 cubic centimeters of daily urine:—

Water	96.00	grams.
Solid components	4.00	"
Urea	2.30	"
Uric acid	0.03	gram.
Sodium chloride	0.80	"
Phosphoric acid	0.15	"
Sulphuric acid	0.20	"
Earthy phosphates	0.08	"
Ammonia	0.04	"

Fermentation of Urine.—We have seen that the reaction of urine is generally acid; but it can become alkaline, even in the physiological state, from abundant ingestion of alkalies, or of salts with organic acid. The intensity of the acid or alkaline reaction of urine must necessarily vary, not only with the proportion of the components that determine it, but also with the degree of dilution.

The acidity of the urine may, however, be further increased by a process of *acid fermentation* due to bacteria, in the presence, perhaps, of vesical mucus. This fermentation may take place outside of the bladder as well, for we see the acidity of the urine continue to increase from the time of emission.

The process of acid fermentation is finally accompanied with development of a myeelium whose spore is smaller than that of torula. It appears that with the initiation of this process the urine absorbs oxygen much more actively (Pasteur).

The urine is also subject to an *alkaline fermentation* due to an enzyme, *urease,* of the micrococcus ureæ. It generally follows the acid fermentation, but may occur without it, in the bladder as well as outside. The urine, after prolonged exposure, especially in a warm atmosphere, has been found to become neutral and then gradually alkaline. This fermentation is accompanied with decomposition of the urea into ammonium carbonate, by which the urine is strongly darkened and becomes alkaline and of a strong, putrid, ammoniacal odor.

In disease of the urinary apparatus, and especially in vesical inflammation and catarrhs, the process of ammoniacal fermentation is already advanced in the urine at the time of its passage. In this case, epithelial mucus and purulent elements aid in making it turbid.

On the basis of the preponderance of one group of combinations over another, they are divided into *uric, oxalic,* and *phosphoric sediments.*

Uric Sediments.—These, composed of uric acid and the alkaline and earthy urates, increase the acidity of the urine, render it muddy, and impart to it a brick-red color, which is made more intense by exposure to the air. With the microscope the observer recognizes in the sediment the characteristic crystals of uric acid.

The precipitation of urates within the bladder is very probably caused by concentration from the absorption of water from the urine. The common belief that holding the urine predisposes to stone is, therefore, justified. Another and more frequent cause of uric sediments in the bladder is the acid fermentation which may occur there

Fig. 75.—Crystals of Ammonio-magnesium Phosphate. (After Ultzmann.)
1, Crystals in rosette shape. 2, Crystals in coffin-lid shape.

from the presence of mucus, as in vesical catarrh. These are strong predisposing causes to uric calculi.

Oxalic Sediments.—These accompany the uric sediments, but there may be a predominance of oxalic acid combined with lime. This sediment is recognized by its crystals of calcium oxalate, the "envelope" crystals. They are insoluble in acetic acid.

They are chiefly observed in deficient respiration, in rickets, in epileptiform convulsions, and in convalescence from serious diseases. The crystals are precipitated by *neutralizing the acid urine.* This explains why uric calculi are often mixed with oxalic sediments. The acid urine, with its uric sediment, readily becomes neutral and alkaline

by reason of purulent catarrh with, therefore, succeeding precipitation of the oxalates.

PHOSPHORIC SEDIMENTS.—The phosphoric sediments consist chiefly of crystallized ammonio-magnesium phosphate, coffin-lid shaped crystals, and of calcium phosphate.

The phosphoric sediments are readily distinguished by the alkaline reaction of the urine and by their insolubility by heat (by which the urates are dissolved), and phosphoric crystals are distinguished from oxalic by their *solubility* in acetic acid.

The phosphoric sediments acquire importance only when they are formed within the bladder, either by purulent products or by excessive retention of urine, as in paralysis.

Exceptional or Pathological Components.—Besides the ordinary constituents of the urine, there may at times be found in it exceptional ones of pathological significance.

ALBUMIN.—Albumin, and more properly *albumin of blood-serum*, is an abnormal component of the urine which has great importance for the physician. Its presence in this secretion gives the clinical condition commonly termed *albuminuria*. Its presence is due to a great number and variety of causes, a few of which are: (1) temporary or lasting increase of pressure of the blood within the renal system, especially in hyperæmia from cardiac defect; (2) in exanthemata (scarlatina) and other febrile diseases in general (pneumonitis, typhus, pyæmia); (3) inflammation and degeneration of the kidneys, as well as in disturbances and inflammation of the brain and in epilepsy; (4) any substance which acts upon the vascular system of the kidneys, as diuretics, mercurials, and cantharides.

The *recognition* of albumin in the urine requires care, and, above all, it is necessary to remember some of the reactions that occur in the urine. If the urine be acid, the albumin accidentally contained there coagulates at temperatures above 70° C., the coagulation first showing as an opacity upon the surface of the liquid.

Again, if the urine be alkaline and then subjected to heat, there may result a marked opacity without the presence of albumin, the darkening being caused by precipitation of phosphates. To differentiate from phosphates, a few drops of acetic acid are added, which immediately dissolve them.

Heller's Nitric-Acid Test.—Albumin is also recognized by means of adding one-fourth of the proper volume of HNO_3. The reaction, a ring of white precipitate occurring at the junction of the two liquids, is evident when there is much albumin. If, instead, the quantity

should be small and the urine concentrated, nitrate of urea will be precipitated, giving an erroneous impression to the observer. If the urine be diluted one-fourth with water, the urea precipitate disappears.

A method of *measuring* the quantity of albumin present in urine is easily accomplished by the method devised by Esbach. The essential principle is precipitation of the albumin by means of Esbach's reagent, which in 1000 cubic centimeters of water contains 10 grams of picric acid and 20 grams of citric acid. This is performed in a test-tube so graduated that the figures represent *grams* of *dried albumin* in a *liter* of *urine*. It is essential that the reaction be allowed to proceed for twenty-four hours before any readings are taken.

Proteoses are detected by the precipitates produced by nitric and salicyl-sulphonic acids clearing up on heating the urine and returning when it is cooled.

SUGAR.—While it is known that normal urine may contain traces of sugar, attention is required with the sugar that occurs in excess, especially from the disease known as diabetes mellitus.

In the first place, diabetic urine is abnormal in amount, even reaching 10 liters a day. It has a high specific gravity, and is of a pale and greenish yellow, so that sugar may be suspected at once; when the increased density is due to urea the urine is intensely reddish. However, it must be remembered that the nitrogenous excreta are also increased.

The sugar present is in the form of *dextrose*, or grape-sugar. It is increased with a carbohydrate diet and diminished with one that is nitrogenous. Upon standing, there are developed in diabetic urine *torulæ*.

Fehling's Test.—Results are obtained by the use of Fehling's solution. This is an alkaline solution of copper sulphate to which Rochelle salt has been added. The latter holds the cupric hydrate in solution. The presence of sugar is denoted by the reduction on boiling of yellow precipitate of cuprous oxide.

Phenylhydrazin Test.—This is, perhaps, the most trustworthy of all the sugar tests. It depends upon the formation of a very characteristic body from phenylhydrazin hydrochloride and sodium acetate: *phenylglucosazone*. The resultant body is found as yellow crystals, for the most part arranged in rosettes and clusters. They are only sparingly soluble in water. The characteristic crystals are readily detected under the microscope.

The phenylhydrazin test takes place with glucose, lævulose, and glycuronic acid.

Fermentation Test for Sugar.—With an Einhorn saccharometer tube introduce a definite quantity of urine and a piece of Fleischman's yeast about the size of a pea; then stand in a warm place. Next morning read off the percentage of glucose on the instrument. The fermentation test of glucose excludes glycuronic acid, as it will not ferment.

Bile and Blood in the urine have been previously discussed.

Tube-casts.—Cylinders, or casts, of the uriniferous tubules are of prime importance to the physician in his diagnosis of some forms

Fig. 76.—Crystals of Phenylglucosazone. (Purdy, *after v. Jaksch.*)

of renal disease. Those which are straight may be said to be casts of the collecting tubes; the more curved and twisted ones are probably from the convoluted tubules. Various kinds of casts, or cylinders, are distinguished.

Theory of the Urinary Secretion.

The theory of the urinary secretion is summed up by regarding the water (which determines the quantity of the urine) and its salts as a product of filtration from the renal glomerules; the dissolved components (as urea, uric acid, etc.) as products of the special activity of the elements of the epithelium of the contorted tubules.

That the passage of the water takes place chiefly by filtration is shown by the fact that the quickness of this passage is kept in direct relation with the pressure of the blood in the renal arteries, and the glomerules in particular, from whose vessels the watery element of the urine is chiefly derived.

Nevertheless, hydrostatic pressure is not the only factor at work in the glomerules, for their epithelium exerts both a positive and a negative influence: positive in that some of the salts of the urine are here secreted; negative, in that the serum-albumin of the blood is prevented from passing through.

In support of the part that blood-pressure bears to secretion it has been noted that, when the total contents of the vascular apparatus are increased so that blood-pressure also increases, there follows an increased secretion; that increased action of the heart increases the amount of urine; and that variations in the caliber of the renal artery give proportionate urinary secretions.

The *diuretics* made use of by the physicians owe their efficiency mainly to the foregoing principles. Digitalis increases the quantity of urine by raising the blood-pressure, whereas urea, potassium nitrate, caffeine, and other drugs act upon the rodded epithelium of the tubuli contorti.

It must not be forgotten that at all times there is glomerular pressure by reason of the vasa efferentia being of smaller lumen than that of the afferentia.

Colheim and Roy, in their experiments with the oncometer, have noted that the curve representing the volume of the kidneys runs parallel with the curve of arterial pressure; it has smaller oscillations, both respiratory and cardiac. The nervous influences acting upon the renal secretion are *vasomotor;* existence of the so-called secretory nerves has not yet been definitely demonstrated.

Toxicity of the Urine.—After the ablation of the two kidneys the animal dies from uræmia; that is, there is an accumulation of the urinary products in the blood. The removal of one kidney is not necessarily fatal. The urine of daytime is more toxic than at night; it is especially narcotic, while night urine is more convulsivant. A man excretes enough poisonous material by the kidneys in two days to cause death. When there is an excess of urea in the blood, the disease is termed uræmia. The toxic substance is probably not urea, but some other organic body. The usual cause of uræmia is Bright's disease. Uric acid in excess is supposed to be the cause of rheumatism and gout.

Influence of the Nerves Upon the Secretion of Urine.—As has been elsewhere stated, the nerves of the kidneys are derived from the renal plexus and are composed of both medullated and nonmedullated fibers with nerve-cells. These are both vasodilator and vasoconstrictor in function. As yet, no true secretory nerves are known, so that it is by the influence of the vasomotor nerves distributed along the course of the renal vessels that variations in the amount of urine secreted occur. Thus, the amount of urine secreted depends upon the pressure of the blood circulating through the capillaries.

Frequent and small urinations, under mental apprehension, show a very probable nervous influence upon the excretion of the urine. Polyuria and the peculiar aspect of the urines of hysteria are also known; whether these peculiarities are dependent upon direct nervous influence upon the secretion is not known. Ludwig believes that the cause lies in the increased pressure in the renal arteries from spastic contraction of other vascular regions.

Injury by puncture of the vasomotor center in the floor of the fourth ventricle likewise is followed by polyuria, accompanied by hæmaturia and albuminuria. By this experiment it is demonstrated that variations in urinary secretion are, for the most part, very intimately concerned with vasomotor innervation.

If, while the renal vasomotors are paralyzed, the majority of the vasomotor nerves of the entire body be also paralyzed (as by section of the medulla), there follows a general dilatation of the arterioles and capillaries of the body. This causes such a decided fall in the blood-pressure that the amount of urine secreted is much diminished or entirely absent.

However, secretion is not suspended by removal of the brain, nor destruction of the spinal cord below the cervical portion, provided that the medulla is intact and with it the respiration and circulation. (Krimer.)

Urinary Excretory Apparatus.—After the urine has been secreted by the kidneys, it must needs be carried away from the body, so that the economy may not suffer from resorption of contained toxic principles, as well as not to interfere with the renal action by equalizing pressure *within* that organ from damming back of the urine.

The excretory apparatus comprises the *ureters, bladder,* and *urethra.*

The Ureters are two cylindrical membranous tubes of the diameter of a goose-quill and about twelve inches long. They extend from the pelvis of the kidney to the bladder, to which viscus runs the urine

from the kidneys. The general course of each ureter is downward and inward toward the median line, to empty into the base of the bladder by a constricted, slitlike orifice. The ureter runs for nearly an inch between the muscular and mucous coats of the bladder before it makes its exit upon the inner wall of the organ.

Structure.—The ureter is composed of three coats, or layers: *serous*, or *adventitia; muscular;* and *mucous.*

The *adventitia* is continuous with the capsule of the kidney at one end and with the fibrous layer of the bladder at the other. In it are found its larger vessels and nerves.

The *muscular coat* comprises the two usually distinct muscular layers: an external longitudinal; an internal, circular one.

The *mucous coat,* continuous with that of the bladder, lines the ureter. It is composed of stratified epithelial cells.

Movement of the Urine.—The urine flows into the tubules by the *vis-a-tergo* pressure of the blood in the afferent capillaries. This averages from 120 to 140 millimeters of mercury. This force, which is capable of making the urine flow through the tubules, is incapable of forcing the urine through the ureters. By reason of the ureters taking a diagonal course through the vesical wall, the weight of the urine already in the bladder must exert a certain amount of pressure upon this portion of each ureter. To overcome this some auxiliary force must be called into action, which is the peristaltic contraction of the ureters. This movement begins at the kidneys and is transmitted (with a speed of from 20 to 30 millimeters per second) downward into the bladder. With the completion of each peristaltic movement there exudes into the bladder a drop of urine. The movements of the two ureters are not synchronous; they are reflex, being caused by the presence of urine in the lumen of the ureter.

In a case of Dr. W. Easterly Ashton's, where the ureters opened on the abdominal surface, I counted an emission of urine by the ureter every twenty-four seconds.

The greater the distension of the lumen of the ureter, the more rapid will the number of peristaltic movements become.

Experimentally, peristaltic movements may be aroused by electrical or mechanical excitation; movements always begin at the point excited and proceed toward both ends.

The Urinary Bladder.—The bladder is a musculo-membranous pouch which serves as a temporary reservoir for the urine. It lies behind the pubis and within the pelvic cavity while the viscus is

empty, but when distended protrudes into the hypogastric region, in extreme cases even up to the umbilicus.

In the cat, two days after section of the spinal cord above the vesico-spinal center I found that a pressure of 140 millimeters of water was required to overcome the tonus of the sphincter when a cannula was bound in the urethra.

Micturition.—When the act of micturition takes place the spinal detrusor center is excited into activity by the pressure of the urine; the sphincter reflex center is also independently excited by the pressure of the urine, and opens to expel the secretion. The spinal detrusor and spinal sphincter are under the control of a cerebral detrusor center which I have shown to be seated in the locus niger, which is set in activity by the cerebral hemisphere in voluntary micturition.

Voluntary micturition is materially aided by the action of the abdominal and respiratory muscles.

CHAPTER IX.

METABOLISM.

The food that has been properly digested within the stomach and intestines is absorbed by the chyle vessels and the small capillaries by whose union is formed the portal vein. When once in the blood-stream, it circulates with the blood-current, which carries it to all of the various organs and tissues of the body. The absorbed nutritive products are held in solution within the plasma of the blood.

In order to nourish the structures outside of the vessel-walls, the plasma with its contained nourishment is constantly being dialyzed through the capillary walls into the spaces between the living cells. By this provision each cell is bathed in a plentiful supply of plasma, from which medium it absorbs its nutriment.

The various stages of the nutritive process—viz.: the transudation of the nutritive plasma from the blood, the assimilation of parts of this by the tissues under repair, the absorption of the other portion by the lymphatics, and, last, the reabsorption of the final residue together with that of the waste-products of the tissues by the veins—are performed simultaneously and continuously in the living body. With the entire organism in a healthy condition there is a perfect balance of action.

Action and use are always followed by a corresponding amount of waste. The machinist must be making repairs to the locomotive or other machine that is in use. So the tissues of the body are continually being destroyed, to pass away as effete matters due to exercise and action of the various organs and parts of the economy. Thus, the simple movement of the finger, our very thoughts and reasonings, are productive of waste in the tissues concerned.

It is due to the repair by the machinist that the machine is kept in normal running order; likewise it is due to the proper absorption, assimilation, and elimination of foodstuffs taken into our own economies that the body owes its normal function and health.

The digested products, having arrived at their destination in the organs and tissues, undergo two kinds of chemical processes in the presence of oxygen and under the peculiar activity of the cells.

The one is *anabolism,* or upbuilding; the other *catabolism,* or destruction. These two processes are diametrically opposite to one another, so that by virtue of the one the organism increases in bulk; by reason of the other its bulk is diminished.

By reason of the *anabolic* processes the nonliving materials of the food are converted into the complex molecules of the living tissues, where they are stored up to form a store of potential energy. At any time the organism is capable of transforming this potential energy into *kinetic,* which is usually most conspicuous to the observer as heat and motion.

By the transformation the complex tissues are broken down into excretory products whose structure is simple. The waste-materials leave the cells to be carried by the lymphatics into the blood-stream, ultimately to reach the exterior of the body as excreta or as components of some secretions.

The two processes, anabolism and catabolism, taken conjointly constitute what is known as *metabolism:* an exchange of material.

Normal metabolism thus requires the ingestion of suitable quality and quantity of food, which must be absorbed, assimilated, and stored within the tissues. In the latter place there must occur the necessary transformation of the food in its now complex form into simpler products of effete nature, evolving, at the same time, those functions and activities which are common to the organism. In short, all of the physiological phenomena demonstrable in the economy are the result, either directly or indirectly, of anabolic or catabolic changes.

Equilibrium of Metabolism.—By this term is meant that, ordinarily, just as much foodstuffs are stored up within the tissues as effete matters and excretions find egress from the economy. For the organism to remain normal there must exist a balance between income and output. So long as this condition lasts the body maintains its bulk, while at the same time it is capable of performing its necessary functions. Should this equilibrium be disturbed, there will occur marked changes dependent upon whether anabolic or catabolic processes are in the ascendancy.

Anabolic Processes become visible during (1) the growth of the body in infancy and adolescence, and (2) during convalescence from a serious and debilitating disease.

Catabolic Processes become evident during old age and in the course of malignant diseases. *Catabolism* is the destruction of tissue, from which process result the numerous manifestations of life.

Catabolism is carried on by means of different chemical forces:—

1. DUPLICATION: that is, the decomposition of an organic substance into two or more products whose sum represents exactly the primitive substance.

2. DEHYDRATION.—This is a particular form of duplication in which one of the products is water.

3. OXIDATION.—This is the most important part of the chemical processes. By this means the decomposition is accomplished with fixation of oxygen, such as the decomposition of albumin, sugars, and fats.

4. SYNTHESIS.—This is the combination of two or more substances whereby result a third, new substance. Syntheses are characteristic of anabolism, but yet they do occur in *catabolism.* Thus, with the disintegration of the tissue-elements into benzoic acid and glycocoll there follows hippuric acid; urea is formed from carbonic acid and ammonia.

THE AIM OF ALIMENTATION.

Alimentation has for its end (1) to furnish materials for catabolism and (2) to furnish suitable products for anabolism. That is, to replace and rejuvenate the organized substances which are destroyed in the former process.

To know what are the foods which the body needs, it becomes necessary to study the substances which undergo anabolism and catabolism. It is these substances which must enter into our daily nourishment. These two processes ensue in all of the substances, without any exception, which compose the organism. Hence, all the principles of which the economy is composed are indispensable in food: water, proteids, fat, carbohydrates, and salts.

Foods.—Each one of these principles taken in an isolated manner is not a complete food, since it is not able to replace its neighbor. Thus, water is as necessary a food as is proteid, but yet neither is a complete food.

A *food* is any product which is capable of being transformed into a proximate principle of the organism, or capable of at least diminishing or preventing the destruction of this principle. Hence, a *complete food* is the sum of the food-products capable of preserving or augmenting the sum of the proximate principles of which the organism is composed.

The fundamental principles which enter into the chemical composition of the human body—water, proteids, fats, carbohydrates,

and salts—are in themselves composed of simple elements: O, H, C, S, N, P, Cl, K, Na, Ca, Mg, Fe, silicon, and fluorin.

Will these simple elements, upon ingestion, become converted into complex principles and so constitute foods?

They will in the case of the plant, for it is able to form a complex frame by the aid of simple elements. The plant is a *synthetic* laboratory of *chemistry*. But this is not true of the animal organization. The latter is incapable of anabolism and life except by the aid of complex food-combinations such as have been formed by the plant. Contrary to the plant, the animal is a laboratory of *analytical chemistry*. The animal can only form by synthesis combinations of a low degree, as water, benzoic acid, and ammonia, which cannot be built up in the animal. But the plant can take H, O, CO_2, and N, and from them make complex and elevated combinations.

BALANCE OF NUTRITIVE EXCHANGE.

To ascertain the balance of nutritive exchange, a comparison is made between the ingesta and egesta: between the gains and losses. The ingesta consist of food and oxygen; the egesta of various excreta and of the carbon dioxide and water lost by the lungs and skin. When the ingesta equal the egesta and the organism neither gains nor loses weight, there is a *complete nutritive equilibrium*.

A balance of *water* is made by giving, upon the one side, the quantity of water ingested by the foods and drinks; upon the other, the quantity of water eliminated by the stools, urine, skin, and lungs. As the hydrogen contained in the food is oxidized and transformed into water, it is evident that in a state of equilibrium the quantity of water eliminated will be much greater than that ingested. By comparing the water ingested with the water egested, it is found how much oxygen serves to burn the hydrogen.

Definite enough information is obtained regarding the balance of metabolism if the *nitrogen* and carbon only are determined in the ingesta and egesta.

The balance of *proteid* is made by a comparison of the nitrogen ingested with that egested, for the amount of nitrogen permits us to know the quantity of proteid, since 100 parts of proteid contain 16 parts of nitrogen. The nitrogen eliminated is found in the urine.

Nearly all of the proteid that is destroyed is found in the form of urea, uric acid, creatinin, and hippuric acid in the urine. There is also found in the stools proteid which has not been digested or absorbed along the digestive tract. A part of the nitrogen is elimi-

nated by the desquamation of hairs, nails, and epidermis. But it usually suffices to determine the amount of nitrogen in the stools and urine.

If, in making up the balance, it be found that the ingesta have more than equaled the egesta, it is concluded that there has been an *anabolism* of nitrogen. On the other hand, should the egesta contain more nitrogen than the ingesta, then there has been a *catabolism* of proteid. Should the income and output be equal, it is concluded that there is a state of nitrogenous equilibrium.

The *carbon* contained in the foods and organized tissues and which is destroyed by catabolic phenomena is eliminated by the skin and lungs under the form of CO_2, by the urine and stools under the form of carbonated organic compounds. From the comparisons of the ingesta and egesta it is ascertained whether there be carbon anabolism, catabolism, or equilibrium.

The proteids, fats, and carbohydrates all contain *carbon;* so that if there be a gain or loss of carbon it may be from the proteids, fats, and carbohydrates. To arrive at some solution, it becomes necessary to calculate the quantity of nitrogen eliminated. Every hundred parts of proteid contain 53.6 parts of carbon and 16 parts of nitrogen. If it be known how much proteid be destroyed, nothing is easier than to calculate the quantity of carbon which belongs to it. The remaining carbon that is eliminated must belong to the fats and carbohydrates.

All of the carbohydrates ingested, except those stored up as glycogen, are burned up in the metabolism of the tissues and their carbon found in the excreta. Hence, by calculating the quantity of carbon which is found in the ingested carbohydrates, one finds what quantity of carbon eliminated belongs to the decomposition of the carbohydrates. If there be an *excess* of carbon it must come from the fats, since the latter contain, as a mean, 76.5 per cent. of carbon. By multiplying the surplus of carbon by 1.3, there is found the quantity of fat which is gained or lost.

EFFECTS OF STARVATION UPON THE DESTRUCTION OF PROTEID.

The influence of starvation upon the catabolism of the proteids has been studied upon animals and in man. During starvation the organized proteid continues to be destroyed and death ensues more or less quickly. The loss of proteid is greater on the first day, and is in proportion as the food has been rich in proteid and the animal

has drawn from and stored up a large quantity from the circulation. The more fat that an animal has, the less proteid is destroyed. During starvation the body-fat is rapidly diminished. The fat-cells give up their fat, becoming smaller, but yet retaining their envelopes. The reabsorbed fat is thus capable of taking the place of a diet for a considerable length of time.

Work.—The researches of many observers have demonstrated that muscular work, however exaggerated it may be, does not influence the destruction of proteids, except to a small extent. Variations of the *temperature* of the air do not influence the destruction of proteids. Should there be fever, the destruction of proteid and fat increases.

METABOLISM.

Catabolism varies according to the age and weight of the animal; the younger and lighter the animal, the greater is the relative destruction of proteid.

Peptones and albumoses have about the same caloric and nutritive value as the proteids. Most of, if not all, the proteids contain sulphur, and the nucleo-proteids contain phosphorus. An increase of sulphates in the urine indicates proteid metabolism.

As agents to spare proteid metabolism, gelatin ranks first, then carbohydrates, and next fats. Gelatin, however, cannot be built up into tissue, nor even into gelatin.

Fats.

The quantity of fats in healthy persons may vary greatly: from 2.5 to 23 per cent. Fats are encountered in two forms in the organism: *(a)* as an emulsion in the nutritive fluids; *(b)* in drops in small particular cells or in the interior of tissue-cells. While in the emulsion state the fats are in circulation, in the second state they are at rest. The combustion of fats produces water and CO_2.

Origin of Fats.—Fats are deposited within the body from the fats, proteids, and carbohydrates absorbed in the digestion of food. Proteids may be decomposed to produce fat. Thus, if a lean animal be poisoned by phosphorus, large quantities of fat will be found in its liver. The carbohydrates form one of the principal sources of fat.

While muscular exercise has hardly any influence upon proteid, it is not so with fats. The latter are rapidly used up. Hence, a man who works has need of more fat than one who pursues a sedentary life.

Carbohydrates.

The carbohydrates are found in small proportion in flesh-foods, as glycogen, and in milk in the form of lactose. By far the greater proportions of carbohydrates are obtained from the vegetable kingdom. In vegetable foods they occur as starches and sugars.

An animal that is fed upon carbohydrates exclusively dies of starvation on account of want of proteid. The saving of proteid increases proportionately with the quantity of carbohydrates ingested. This is an important fact, since the digestive juices are capable of digesting them in large quantities.

The fatigue of muscle is slowed by the use of sugar. Dr. Lee gave animals phloridzin for four days, which sweeps the greater part of the carbohydrate material, or glycogen, out of the muscles. Then he irritated the tibialis anticus, and, while it gave 1000 contractions per minute on electrical stimulation normally, after the removal of glycogen by the phloridzin the contractions were only from 200 to 400 per minute. These experiments proved that carbohydrates assisted the muscle in its contraction. He made another series of experiments upon the muscles which had their glycogen removed by phloridzin, and then gave 50 grams of dextrose. Then electrical irritations were used on the muscles, which gave 650 contractions per minute. Here the glucose restored the muscle.

Water.

Among the inorganic compounds, the most important, without exception, is *water*. It is even more important than proteid and fat, since it forms about three-fifths of the weight of the body.

Water has an important function within the organism. When proteid is insufficient, water accumulates in the tissues. Among the poorer classes, whose nourishment is insufficient, infectious diseases flourish, since their nutritive liquids are excellent media for the cultivation of micro-organisms.

Excess of water causes an augmentation of urea; hence the success of mineral waters in Bright's disease. This increase of urea is due to the abundant washing out of the retarded metabolic acts through the kidneys.

Salts.

There is not any liquid nor any tissue which does not produce an ash upon calcination. The inorganic salts are either in solution

or combined with organic substances, notably proteid. The combination of the various needful salts with protoplasm, the substratum of life, is of the highest importance. Of the various salts found within the tissues, sodium chloride is the most important.

Lime and Magnesia Salts.—The alkaline earths, if in too great quantity, may precipitate to form hepatic calculi.

The phosphate of lime forms the greater part of bone. Bone depends upon the salts of lime found in the food.

Lime occurs in large amount in milk. The only other food which has the same amount as milk is the *yelk of egg*. This latter should be given to children when milk is not at hand or not readily digested. Withholding lime is favorable to the production of *rickets*. Calcium is excreted with the succus entericus chiefly.

Animals from whose food the salts have been extracted very frequently die more rapidly than animals from whom food has been entirely withheld. There is caused a train of symptoms indicating a disturbance of the central nervous apparatus and the digestive system. This untoward result is due to chronic sulphuric-acid poisoning from oxidation of the sulphur of the proteids.

Now, the bases in the blood which neutralize are the sodium carbonate and sodium phosphate, and it has been estimated that the amount of this alkaline reacting alkali or native alkali in the entire body is equivalent to 60 grams of sodium hydroxide ($NaOH$). This amount of alkali is so small that it would be quickly exhausted by a persistent acid intoxication with a persistent formation of only small amounts of acid. Certain diabetic patients pass daily for long periods a large amount of acids which are excreted by the urine in combination with bases, it being understood that the urine does not contain free acid. As the native alkali of the body is not sufficient to neutralize so much acid, it is necessary that there must be another and more enduring source of alkali than the native. For this ammonia is generated by proteid metabolism of the cells and especially of meat. The acids in diabetes are the aceto-acetic and the oxybutyric, which can be detected in the urine. Acetone is also present in the urine of severely diseased diabetics.[1]

Iron.—Such compounds of iron as are contained in nuclein as found in the yelk of egg have been termed by Bunge *hæmatogens*. In the chick the developing red corpuscles obtain their iron from it. Iron is absorbed through the duodenum and excreted mainly through

[1] Herter: "Chemical Pathology," 1902.

the mucous membrane of the colon. Inorganic and organic combinations of iron are absorbed. Iron is deposited in lymph-ganglia, spleen, and liver.

Diet.

The diet of a healthy man has for its aim not only to cover any deficit without catabolism ceasing and of maintaining the system in a state of integrity indispensable to its physiological functions, but also to furnish to the organism a certain food-reserve so that the body will not lose its own proper tissue. To ascertain exactly the quantity of nourishment necessary to keep the body-weight the same it is necessary to have recourse to experiments.

Example of a Metabolism Investigation.

I have selected as an example one given by Beddard.[1]

It is desired to know whether a diet containing 125 grams of proteid, 50 grams of fat, and 500 grams of carbohydrate is sufficient for a man doing a moderate amount of work.

	Intake.		
	Carbon.	Nitrogen.	Calories.
Proteid	62 grams.	20 grams.	512.5
Carbohydrate	200 "	00	2050.0
Fat	38 "	00	465.0
	300 "	20 grams.	3027.5

	Output.	
	Carbon.	Nitrogen.
In urine	11 grams (16.5 × 0.67)	16.5 grams.
In fæces	5 "	1.0 gram
In breath	254 "	0.0
	270 "	17.5 grams.

Retained in body, 30 grams of carbon and 2.5 grams of nitrogen. This amount of nitrogen represents $2.5 \times 6.25 = 15.6$ grams proteid, or 75 grams of muscle. Now, this amount of proteid will account for 8.25 grams of carbon; so that $30 - 8.25 = 21.75$ grams of carbon

[1] "Practical Physiology."

represents $21.75 \times 1.3 = 28.3$ grams of fat. On this diet, therefore, the subjeet retains in his tissues 15.6 grams proteid and 28.3 grams fat *per diem*.

To express this result in terms of energy liberated, we know that 3027.5 calories were supplied, and that all these have been used except $15.6 \times 4.1 = 64$ retained as proteid and $28.3 \times 9.3 = 263.2$ retained as fat, or, *in toto*, 327.2 C. We find, therefore, that $3027.5 - 327.2 = 2700$ C. have been required.

One gram of fat when burned produees 9.5 Calories.

One gram of proteid when burned produees about 4.1 Calories.

One gram of earbohydrate when burned produees 4.1 Calories.

One gram of aleohol when burned produces 7 Calories.

One large Calorie equals 1000 small ealories. The large Calorie is written with a capital C; the small ealories with a small e.

Obesity is prodneed by all the causes which slow the organie oxidations, as sedentary life, absenee of work or loeomotion, and insuffieiency of air and light. Predisposing causes are heredity, anæmia, and sexual influenees.

Development and Growth.

When the anabolic and eatabolic processes are balaneed in adult life, the body remains the same in weight.

The progressive development of the body in *height* is made in an uneven manner, dependent upon different ages. In the first year the growth is about twenty centimeters. From the fourth and fifth years up to puberty there is eaeh year an increase of one twenty-first of the total height.

On the contrary, the development in thickness and breadth is slower during the first years than at puberty; toward the fortieth and fiftieth years it attains its maximum.

The tissues of the organs may inerease in two ways: by increase in volume of existing elements or by the multiplieation of new eells.

Bones present eertain physiological properties of great interest, for they grow in both length and thickness. The inerease in length is at eaeh end of the bone at the junction of the epiphysis with the diaphysis. The inerease in thiekness is made by means of the periosteum adding new layers of bone on the surface.

CHAPTER X.

ANIMAL HEAT.

Inorganic bodies have a constant tendency, either by losing or gaining heat, to adapt themselves to the temperature of surrounding media or objects. They may be artificially cooled or artificially heated to all possible degrees.

Living plants and animals also receive and give off heat physically; but, in addition, they possess a common power of *resisting* external temperatures. With plants this power is very feeble in degree; with animals it is more marked. Among the higher animals, especially, is there an inherent power to maintain a temperature that differs from that of the surrounding media. Since living animals, like dead ones and inorganic bodies, exhibit the same physical phenomena of absorption, conduction, and radiation of heat, they undergo constant changes; these are usually in the direction of loss of heat. Hence there must exist within them a power of constant renewal or production of heat to take the place of that lost. This function of producing heat is universal with the warm-blooded animals, and all of the processes of life are influenced by it. Certainly the higher animals have within their bodies not only some means to produce heat, but some mechanism whereby the production and loss are regulated. Thus, though the temperature of the surrounding atmosphere be very high, as in midsummer, or very low, as in midwinter, yet the standard temperature of the animal's body remains uniform and constant. The energy necessary to accomplish this is known as *animal heat*.

Physical Heat.—Heat is a form of *energy* exhibited by matter. We cannot create or destroy either.

Energy is the power to do work. Any agent that is capable of doing work is said to possess this property. The quantity of energy that it possesses is measured by the amount of work it can do. When a body is hot it possesses a store of energy which may be exhibited by the heated matter.

Energy is known in *two forms:* 1. The energy possessed by a body in consequence of its *velocity* is known as *energy of motion,* or *kinetic energy.* The body in motion which has this kinetic energy communi-

cates it to some other body during the process of bringing it to rest. This is the fundamental form of energy.

2. The other form of energy which a body may have depends not upon its own state, but upon its *position* with respect to other bodies. It is the energy possessed by a mass in consequence of its having been raised from the ground. Potential energy can exist in a body all of whose parts are at rest.

Radiant heat is one and the same thing as that which we call *light*. When detected by the thermometer or by the sensation of heat, it is called radiant heat.

When equal weights of quicksilver and water are mixed together, the resulting temperature is not the mean of the temperature of the ingredients. The effect of the same quantity of heat in raising the temperature of two bodies depends not only on the amount of matter in the bodies, but also upon the kind of matter of which each is formed. This is called *capacity* of *heat*, or *specific heat*.

The capacity of a body for heat is the number of units required to raise that body one degree of temperature. The specific heat of a body is the ratio of the quantity of heat required to raise that body one degree to the quantity required to raise an equal weight of water one degree.

Latent heat is the quantity of heat that must be communicated to the body in a given state to convert it into another state without changing the temperature.

The higher the temperature of a body, the greater is its radiation. When the temperature of bodies is unequal, the hotter bodies will emit more heat by radiation than they receive from the colder. Therefore, on the whole, heat will be lost by hotter and gained by colder bodies until thermal equilibrium is attained.

The cause of heat is popularly explained to-day by what is known as the "*undulatory theory*." According to its doctrines, the heat of a body is caused by an extremely rapid oscillating or vibratory motion of its molecules. The hottest bodies are those in which the vibrations have both the greatest velocity and the greatest amplitude. Hence, heat is not a substance, but a *condition* of *matter*. It is a condition which can be transferred from one body to another. When a heated body is placed in contact with a cooler one, the former gives more molecular motion than it receives; but the loss of the former is the equivalent of gain of the latter.

Animal Heat.—Within the organs of the human body, as well as those of all animals, processes of oxidation are continually going on.

Oxygen passes through the lungs into the blood to be thus carried to all parts of the body. In like manner the oxidizable bodies, which are principally foods, pass by the processes of digestion into the blood finally to reach every part of the body. The gases, liquids, and solids which enter the body are loaded with energy. These various bodies are intimately concerned in the different chemical processes which sum up metabolism: that is, those phenomena whereby living organisms are capable of incorporating substances obtained from their food into their tissues. Metabolism is also concerned in the formation of a store of potential energy which may readily be transformed into *kinetic energy*, as manifested in muscular work and heat. Within the body the assimilable substances undergo many chemical changes, and finally leave it in forms quite different from those entering it. The oxygen inspired combines mainly with carbon and hydrogen to form carbon anhydride and water, while the more complicated compounds are reduced to simple bodies, to be excreted as such. In the process of disintegrating these compounds—in fact, in catabolism in general—one of the most important results is the *production* of *heat*. The energy enters the body as potential energy stored up in the food. By chemical processes it becomes evolved into kinetic energy and heat. Animal heat is the accompaniment of the formation of carbonic acid, urea, and other excreted products. According to our theory of heat, the animal heat due to metabolic processes must represent to us vibrations of the corporeal atoms.

Other Sources.—Roughly speaking, the muscles constitute about one-half of the whole mass of the body, the bones the other half. As but little oxidation occurs in the bones, the muscles must be the chief seat of heat production. Muscular exercise greatly increases the metabolism and the CO_2 excreted, but there is an accompanying increase in heat production. In health the muscles yield *four-fifths* of the body-heat.

The *secreting glands* are known to be centers of thermogenesis as well. The alimentary canal during digestion and also the liver are very marked sources. In fact, the blood in the hepatic veins is the warmest part of the body. The function of the muscles, tendons, ligaments, and bones is not a very slight source of warmth.

It must be borne in mind by the student that the processes of oxidation are concerned not only in the combustion of the digested foodstuffs, but also of the *cells* of the body. It is the oxidation of their protoplasm that evolves warmth.

Warm-blooded and Cold-blooded Animals.—Depending upon the relationship of the temperature of the animal's body and that of the enveloping media there are two great classes: *homothermal* and *poikilothermal.*

The *homothermal*, or warm-blooded, animals include the higher orders of the animal kingdom, in whom the temperature remains fairly constant despite variations in temperature of the enveloping media. The temperature of this class of animals is high, but uniform. Should homothermal animals remain a considerable length of time in a cold medium, their heat-producing organs become more active in order to compensate for that lost rapidly by radiation. When they remain in very warm media, heat production is diminished.

Poikilothermal, or cold-blooded, animals constitute that class of lower animals whose temperature bears a very intimate relationship and is dependent upon that of the enveloping media. Their temperature is thus subject to very considerable variations, although it is always *slightly above* that of its surroundings. When the temperature of the surrounding medium is raised, the amount of heat produced within poikilothermal animals is increased. Inversely, when the enveloping temperature falls, the heat production within the animal is diminished. This class includes reptiles, amphibians, fish, and most invertebrates.

However, the line of demarcation between the two classes of animals is not a very clear and decisive one. For there are some animals, as the bat and dormouse, which seem to be intermediary. In summertime they possess a high temperature that is independent of their surroundings; in winter they become dormant and hibernate. While in this latter condition their temperature varies with that of the enveloping medium.

Temperature of Man.—Although the blood in circulation tends to distribute the heat of the body uniformly, yet there are found slight variations in different regions. These regions are principally upon the surface, where exposure is such that the leveling function of the blood is hindered. The mean, daily temperature of a healthy man varies between 98° and 99° F. In the rectum it is 98.96° F.; in the axilla, 98.45° F.; in the mouth, 98.36° F. These figures represent the averages obtained from various observations, but they, too, are subject to many variations from exercise, rapid respiration, food within the alimentary tract, etc.

From frequent observations and numerous tables it will be found that the mean rectal temperature of *other mammals* is, for the

most part, higher than that of man. In the case with birds, the temperature averages from two to three degrees higher than that of mammals. In securing these observations it is always necessary that the animal should not struggle either before insertion or during the time that the thermometer is in position. A faulty reading of as much as three degrees may occur when the animal struggles or has been previously chased.

Hibernation.—Many animals regularly at the approach of cold weather gradually lose their activities until they apparently have lost all of their functions and are dormant. Such a state is known as *hibernation.* The temperature of the animal's body is but a trifle above that of the surrounding atmosphere. The respirations are greatly decreased in number, while the rhythm is of the Cheyne-Stokes type. The heart's action in point of force and frequency is much reduced during hibernation. Animals whose hearts during active life beat one hundred or more now register but *fourteen* or *sixteen* per minute. The digestive powers are at a very low ebb, while as to its nervous sensibilities the animal is very markedly depressed.

The *awakening* from hibernation is a most interesting phenomenon in so far as the rise of the animal's temperature is very sudden. So sudden is the rise and in so short a time is it accomplished that it surpasses the most rapid rise in temperature of any fever. With proportionate celerity are the vital functions spurred on to activity.

Modifying Influences.—Close observation shows that there occur slight variations in man's daily temperature. It is found to *rise* during the late morning and afternoon; to *fall* during the evening and early morning. Because of differences in age of subjects, modes of living, climate, etc., observers are not agreed as to the maximum and minimum temperatures. However, it may be safe to say that the maximum temperature is attained about from *3* to *5* o'clock in the afternoon, while the minimum is registered at from *3* to *5* o'clock in the morning. The range of difference averages about 1° C.

CAUSES.—Probably the two most important causes for these normal variations are *muscular activity* and *food-ingestion.* It is during the day that man, as a rule, is most active and it is then that he usually replenishes the waste of his body by the consumption of a proper amount of food. Naturally he will be most inactive during the night; his bodily functions will be depressed at that time so that just so much heat will be generated as the economy needs.

It has been found that the maximum and minimum points of temperature in man can be inverted. Thus, if a man change his

mode of life so that he continue to *work* for a considerable length of time at *night* and sleep in the daytime, after a week's time there will be noted a gradual change toward inversion. It is well to note also that the high and low points of temperature of the body correspond to those times when the external temperature is high and low, respectively. Radiation may thus be a not inconsiderable factor.

Age. — Just before birth the infant's temperature is generally somewhat higher than that of its mother's uterus. After birth and during the first few weeks the temperature remains fairly constant, but still a little high. There is a fall of one-tenth or two-tenths from infancy to puberty; a like amount from the latter period to middle life, when there occurs a slight rise.

During *muscular work* the temperature rises rapidly, but, by reason of compensatory measures, the loss by radiation and conduction is almost proportionately increased. So nearly are the generation and loss balanced that during actual work there is registered but a rise of a degree and a fraction. With the conclusion of the muscular activity the temperature very rapidly falls to normal. *Mental work* causes a rise of both the general as well as local temperature of the brain and head. The increase registered is usually about 0.1° C.

Food causes a very slight rise in temperature; *sleep*, in itself, has no effect. *Inactivity* is a very marked factor in producing a fall. As inaction is very prominent during sleep, the latter has been erroneously given the credit for causing the drop in temperature. Lying perfectly quiet will produce identical results. Because of the heat, the inhabitants of tropical countries possess a slightly higher temperature. The difference is less than 1° C.

Extremes of Temperature.—During excessively hot spells in summertime when the temperature of the enveloping atmosphere is considerably above that of the normal body-temperature, it is remarkable to find that the temperature of the body has not been raised one degree. This result is mainly accomplished by reason of the heat extracted from the body's surface during evaporation.

The limit of extreme cold is reached when the lymph within the animal's tissues is frozen. Fishes have been incased within ice and then found completely to recover upon being thawed out and placed in a warmer medium. Normally, the range of temperature in a man is about 1° C. However, drunkards have been known, after exposure to extreme cold, to have a body-temperature as low as 24° C. without fatality.

Cases of temperature as high as 45° C. have been noted and yet recovery has taken place. Experimentally, Bernard found that, when the internal temperature of rabbits was raised to 45° C., they died. According to his view, death occurred as the result of stoppage of the heart from the hot, circulating blood, causing *rigor mortis* of the musculature of this organ.

Temperature of the Blood. — The average temperature of the blood is 39° C., but there are found numerous variations in different regions. The blood of the superficial veins is cooler than that of the internal veins, due to prolonged exposure while traversing the course of the former. The warmest blood of the body is that of the *hepatic veins.* The blood in the veins is cooler than the blood in the corresponding arteries, due to the more superficial position of the former. The temperature of the blood of the left heart is somewhat lower than that of the right. This has been explained on the ground that the right heart is in closer proximity to the warm liver; also, that the blood going to the left heart has been cooled from its passage through the lungs during respiration.

Estimation of Temperature.—Our knowledge as to difference in *degree* of the heat of the same or different bodies is gained by thermometry. Thermometers are instruments for measuring temperatures. Their principle is based upon the physical phenomenon of *expansion of bodies by heat.* Liquids are best suited for this purpose. Mercury and alcohol are the only two liquids used.

The mercurial thermometer is the one most extensively used. It consists of a capillary *glass tube,* at the end of which is blown the *bulb.* Both the bulb and a portion of the tube are filled with mercury. The expansion of the mercury is registered by a scale, which is graduated either upon the stem itself or upon a frame to which it is attached. On the Continent, and more especially in France, the stem is divided into one hundred parts, or degrees; this division is known as the Centigrade scale. In England, in Holland, and in North America the Fahrenheit scale is used. Its stem is divided into two hundred and twelve degrees between zero and the boiling-point of water.

Estimation of Heat.—*Calorimetry* is the measure of the quantity of heat which results from the transformation of energy. By it is learned the amount of heat possessed by any body, and what amount of heat the latter is capable of producing. Calorimetric measurements are expressed in *thermal units.* A certain quantity of heat with which all other quantities are compared is known as a *thermal,* or *heat, unit.*

A *thermal unit* is the quantity of heat required to raise a pound of water from one defined temperature to another defined temperature. A particular thermal unit has been called by some authors a *Calorie*. It is the quantity of heat necessary to raise a kilogram (2.2 pounds) of water 1° C. An English heat unit is the quantity of heat required to elevate one pound of water 1° F. One Calorie equals 3.96 English heat units. In Germany scientists frequently use the word *calorie*, but mean the *gram-calorie*. It represents the quantity of heat that is required to elevate the temperature of 1 gram of water 1° C.

The whole science of animal heat is founded upon thermometry and calorimetry, as well as the indirect method of calculating the quantity of heat produced from the quantity of nutritive materials that have been consumed. There are various types of calorimeters

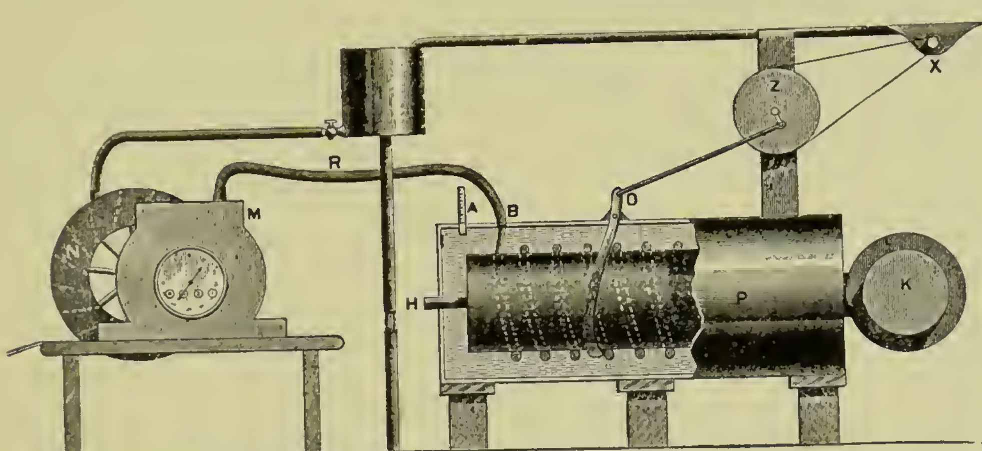

Fig. 77.—Human Calorimeter.

in existence, but it has only been within the past few years that results at all exact have been attained.

The calorimeter employed by the author in his laboratory experiments is constructed as follows: It is composed of two cylinders of galvanized iron—one smaller than the other and inclosed within the larger. The space in which the man lies upon a mattress is six feet long and two feet in diameter. Air is conveyed to him through the tube *(H)* which traverses the whole length of the apparatus to enter the hollow tube of lead at *F;* it finally emerges at *B*, after having given off its heat to the water between the two cylinders. The meter *(M)* is run by the water-wheel *(N)*, which aspirates the air through the entire apparatus by means of a hose *(R)* connecting it with the lead tube at *B*.

The space between the cylinders is filled with about 484 pounds of water. This water is kept thoroughly mixed by means of the agitator *(O)*, which has two arms. The arms are pushing the water back and forth thirty times a minute, the motion being caused by the electrical motor *(X)*, whose wheel *(3)*, with its eccentric, drives the agitator. The thermometer *(A)* gives the temperature of the water; because of the thorough mixing of the water by the agitator it gives an accurate record of the temperature of the water throughout the apparatus. The thermometer is pushed down farther than is represented in the illustration. It usually lies aside of the tube *(H)*. The air-tube *(B)* also has a thermometer to denote the temperature of the air as it is heated by the man. The thermometer at *B* is graduated into tenths, while that at *A* is graduated into fiftieths. The markings are so far apart that one one-hundredth of a degree Fahrenheit can be read.

The temperature of the mouth is taken by a thermometer graduated into tenths. The rectal temperature is preferable because of accuracy. The bucket *(I)* receives the water from the motor *(X)*, and so conveys it to the water-wheel *(H)* that runs the meter as an aspirator. The meter is filled with water, and belongs to Voit's little respiration apparatus. The quantity of air that is aspirated within an hour is from 5000 to 6000 liters, which is ample for respiratory purposes. The instrument is made air-tight by means of the door *(K)*, which is lined at its outer edge with rubber. The whole apparatus is inclosed in over six inches of sawdust, the door *(K)* having against it a sawdust mattress.

The door is bound by eight powerful screw-clamps. The air enters the tube *(H)*, then passes through a leaden tube that is coiled upon itself before it reaches the person lying upon the mattress.

I have tested the calorimeter before and after the performance of my experiments.

The interior of the instrument is lighted up by an Edison incandescent light of one-candle power. The patient is thus enabled to spend his time in reading a book while the experimenter is making his observations.

By placing a pulley outside the calorimeter and attaching to a leather rope a fourteen-pound weight, the man within the instrument is able to exercise. The leather band enters one of the air-holes of the instrument. Of the entire amount of heat dissipated, about *14 per cent.* is thrown off by the lungs.

My little calorimeter is constructed upon the same plan as the

instrument for men. In this—the animal calorimeter—the agitator sits astride the inner cylinder, outside of the leaden coils, and is run at the rate of sixty to seventy movements per minute by means of a water-motor. In other instruments the water is occasionally agitated by means of a hand-contrivance. Instead of the air entering the inner chamber by a straight tube, it traverses a tube coiled upon itself in the water reservoir of the instrument to enter the inclosure at its base. The air emerges through the opening at the top to be carried out through the serpentine coil and thence through the aspirating meter. The latter records at the same time the amount of air. The constant activity of the agitator causes the heat to be equally diffused through the water and so permits none to be given to the air. The door swings upon a hinge. In its center is a glass through which one can readily see the state of the animal or the apparatus connected with it. At its edge it is lined with rubber and closed by powerful iron screw clamps. In front of the door is a mattress of sawdust several inches thick. Over and around the calorimeter, instead of the usual sawdust or felt, I used the packing material of wood-fiber known as excelsior. The whole instrument is inclosed within a box which has a door.

The calorimeter is sixteen inches in length and twelve inches in diameter. The instrument has a circular opening through which a thermometer graduated to one-fiftieth of a degree Fahrenheit passes into the water. An opening is also provided in the air-tube into which a thermometer can be inserted.

This instrument is fairly exact. By calculation it is found that the error is 5.4 per cent. After the performance of numerous experiments it was found that the variations from this number were within 1 per cent. Hence it may be assumed that this is an instrument of precision. For absolute accuracy the moisture of the air and the barometric correction should be made, but they would not alter the result very perceptibly. The instrument is always used with the air a degree or so above the temperature of the calorimeter. The agitator is set in motion for a half-hour before the observation is commenced. The room temperature for twenty-four hours previously is kept the same. With these precautions the instrument works accurately.

By the calorimeter we are enabled to measure the transformation of the potential energy of the food into heat and, at the same time, measure the number of heat units produced. The total amount of energy present in the human body might be measured by com-

pletely burning an entire human body in a calorimeter. By this means it may be determined how many heat units are produced when it is reduced to ashes.

If a man were not supplied with food he would lose fifty grams of his body-weight every hour. This is due to the constant oxidation which occurs, whereby the materials of the body unite with the inspired and circulating oxygen to produce combustion and *heat.*

It is known that any given oxidation will always produce the same amount of heat. Thus, if a gram of fat be burned in a calorimeter there will be produced a certain and almost unvarying number of heat units. By numerous experiments upon foodstuffs it has been determined by the calorimeter just the number of heat units a gram of each will yield. Just as in the calorimeter, only *far more slowly,* are the foodstuffs within our bodies burned up. That is, the presence of oxygen transforms the potential energy within them into kinetic. Should the voluntary activities be at rest, the major portion of this energy is transformed into *heat.* The same number of heat units would be produced within the body as within the calorimeter, provided the foodstuffs were completely oxidized. However, we know that every gram of proteid yields one-third of a gram of urea during combustion within the body. The urea has a heat value of its own, so that the real number of heat units obtained by body-combustion is considerably less than that of calorimeter combustion of proteids. The units obtained from body or tissue combustion represent a "physiological heat value"; those gained from the calorimeter, a "physical heat value."

Thermotaxic Centers.—These centers compose the thermogenic, thermo-inhibitory, and thermolytic centers, as the aim of all is to regulate the temperature.

Thermogenic Centers. — *Spinal Cord.* — Destruction of the spinal cord from the fifth dorsal vertebra down permits the animal to generate as much heat as before the operation. A drug, beta-tetrahydronaphthylamin, when injected by the vein causes a great increase of temperature, but after a section behind the tuber cinereum it fails to cause any rise of temperature. These facts lead to the conclusion that there are no special thermogenic centers in the spinal cord, but that the basal thermogenic centers act through the trophic centers in the anterior cornua.

Brain.—When a normal animal is subjected to heat or cold it regulates its temperature and keeps it at a fixed point. If, however, the spinal cord is separated from the brain, the spinal cord is not

able to regulate the temperature at a given degree, but its temperature changes with the temperature of the surrounding air. These facts also show the importance of the thermotaxic centers in the brain in the regulation of temperature.

As to the medulla oblongata and pons, numerous punctures by a probe two millimeters in width and one millimeter in thickness caused a very slight rise of temperature, which was of a very fugitive nature. Cross-section of the pons is an operation which cuts off the afferent and efferent fibers from the thermotaxic centers anterior to it and permits heat-production to increase without any regulation. If there are any thermogenic centers in the pons, puncture ought to bring out the fact, as it has done for the thermogenic centers located in the basal ganglia.

Any transverse section behind the crura cerebri or pons simply cuts out the thermogenic and thermo-inhibitory centers in front of the section and permits the thermic apparatus behind the section to elevate the temperature. That a greater rise of temperature should ensue after pontal than after crural section is quite in accord with the well-known fact that successive sections from before backward cause a greater activity of the spinal-cord centers behind the section, and also of the trophic centers.

Now, I have shown that after the intravenous injection of beta-tetrahydronaphthylamin in the normal animal a great rise of temperature ensues. But after section through the crura cerebri this drug is powerless to raise the temperature. A needle-point thrust into the pons or crura causes a fugitive rise, and a feeble one. But if the needle goes into the corpora striata or tuber cinereum there is a quite permanent and considerable elevation of temperature. To assume that a different kind of thermogenic center exists in the pons is begging the question.

In April, 1884, I was the first to make a transverse section of the corpora striata in the cat, which was followed by the temperature rising to $110\,^1/_2°$ F. Afterward Drs. Sachs and Aronsohn more exactly localized the center in the caudate nucleus. I also located another thermogenic center in the optic thalami, a bilateral puncture of their anterior ends causing a rapid rise of temperature to 109° F. Von Tangl, of Budapest, has confirmed this fact by experiment upon the brain of a horse. Upon more exact localization this thalamic thermogenic center was found to be located in the tuber cinereum. Hence the conclusion that the thermogenic centers are located in the corpus striatum and tuber cinereum.

The tuber cinereum is also connected with the *vasomotor apparatus.* In experiments to find vasotonic centers in the thalami I have located them in their anterior part. Later experiments have led to more exact data. After puncture of the tuber with a fine probe a gradual fall of arterial tension ensued. In about forty minutes it amounted to one-fourth the absolute pressure. This fall invariably ensued in six experiments; so that there seemed little doubt that *vasotonic centers* exist in the thalami.

THERMO-INHIBITORY CENTERS.—Eulenberg and Landois discovered about the cruciate sulcus a center whose ablation was followed

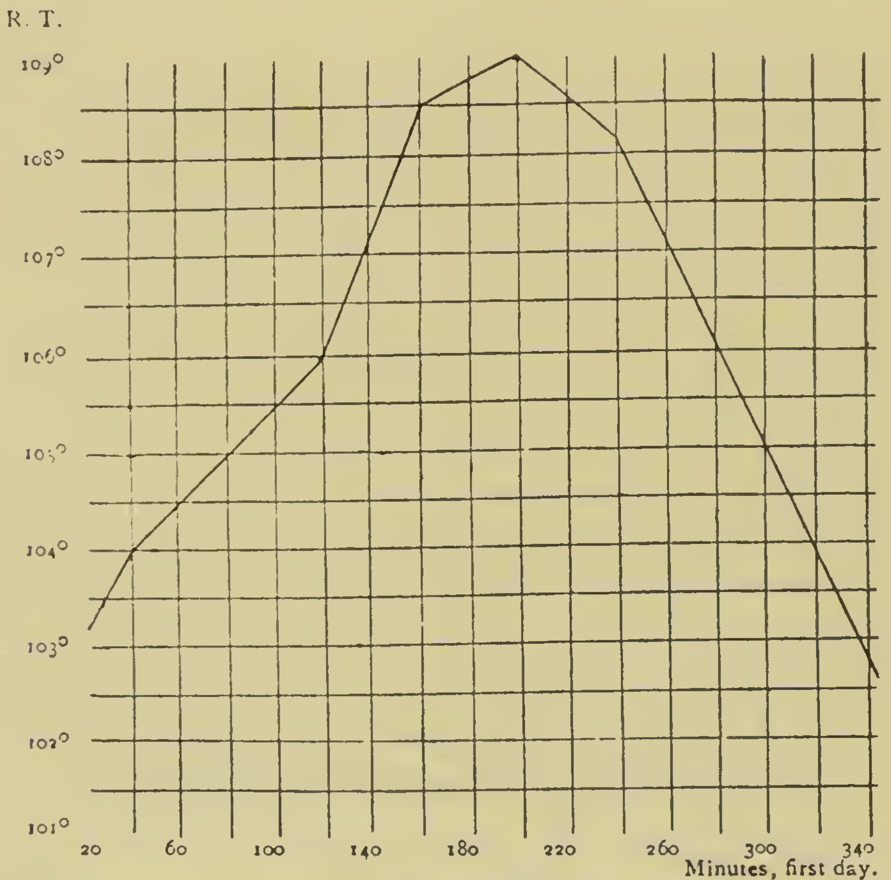

Fig. 78.—Bilateral Puncture of the Tuber Cinereum of Rabbit Through Roof of Mouth.

by an increase of temperature. Prof. H. C. Wood has shown that the increase is due to augmented production of heat. I have also shown in the cat that at the juncture of the suprasylvian and postsylvian fissures is another center whose removal is followed by an increase of temperature. This has been confirmed by White.

The increased heat-production after injury to the Sylvian and cruciate centers, the fall to normal, and the subsequent rise in some cases indicate that there is a conflict between these centers and those

that lie beneath in an effort to gain the mastery. This state of things is seen in the temperature of patients afflicted with fever.

Puncture, like fever poison, excites the thermogenic centers. Antipyretics act as sedatives to them and so reduce their excitability.

Albumoses, peptones, and neurin have been shown by Ott to produce fever.

Dr. W. Hale White reports a case in which a bullet from a pistol caused an injury of the anterior extremity of the middle lobe of the

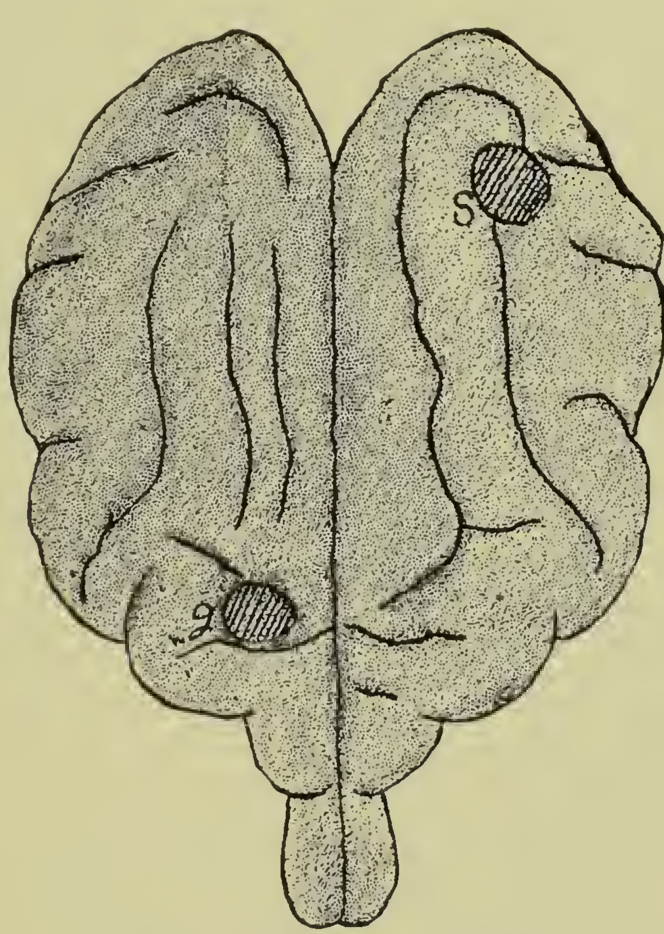

Fig. 79.—Cortex of Cat's Brain.

g, Cruciate thermo-inhibitory center of Eulenberg and Landois. *S*, Sylvian thermo-inhibitory center of Ott.

right hemisphere and also the third frontal convolution, which was followed by a temperature of 104.4° F. in less than twelve hours after the accident.

Dr. Page also reported a case of depressed fracture of the skull which was about the posterior part of the temporo-sphenoidal lobe and which was followed by a temperature of 105° F. This temperature fell after trephining, and it did not rise again. Fig. 80 shows

the position of these lesions in man, and they correspond roughly to the position of the cruciate and Sylvian centers in the cat.

Thermolytic Centers.—These centers include the cooling apparatus of the body: the polypnœic, the sudorific, and the vasomotor centers.

Polypnœa.—Professor Richet found that with the elevation of the body-heat of an animal its respirations suddenly increased to 350 or 400 per minute. This form of respiration he termed polypnœa. It was found that the animal did not do this from want of oxygen. An animal pants to cool himself, while a man perspires for the same purpose. The rôle of polypnœa is exclusively to regulate the temperature of the body.

Fig. 80.—Lesions of Cortex in Man Causing Elevations of Temperature.

I have made numerous experiments to determine the exact seat of the polypnœic center. To establish a center three things are necessary: (1) that its abolition causes the phenomena to disappear, (2) that irritation—mechanical, chemical, or electrical—causes the phenomena to be present, and (3) that the part of the nervous system exhibiting these peculiarities be circumscribed in extent. After numerous observations and experiments it was found that pressure upon the tuber cinereum with a pledget of cotton, or even slight puncture, increased the normal respirations to the point of polypnœa. Complete puncture in a normal animal was followed by a rise to 106° F. within two hours, even though the animal were bound down and had been subjected to considerable shock.

If now the animal be heated in whom the tuber is punctured, there

will result *no* polypnœa, even though a temperature of 107° F. be reached. I am convinced that the *tuber cinereum is a center of polypnœa and thermotaxis.* When heat is thrown on the body the polypnœic center telegraphs the respiratory center to work more rapidly to throw off more moisture by the expired air.

The afferent nerves of the thermotaxic apparatus are probably those nerves in the skin administering to the "hot" and "cold" spots.

Regulation of Loss of Heat, or Thermolysis.—Heat is lost by an animal in various ways. It may be by direct radiation and conduction from the skin, by the extraction of heat during the process of evapo-

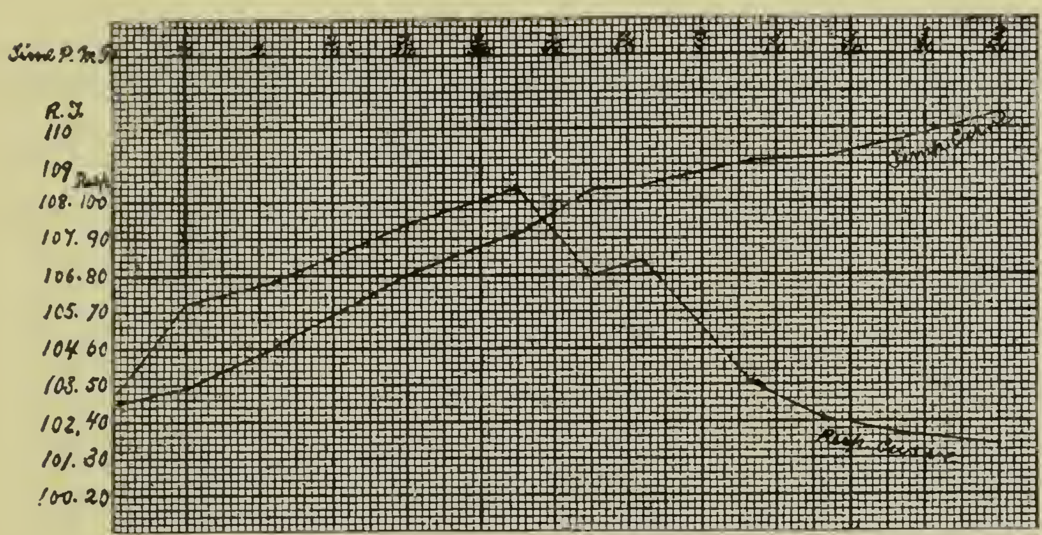

Fig. 81.—Curves of Temperature and Respiration when Cortex is Removed and the Animal is Artificially Heated.

rating perspiration, by warming the respired air, and by the discharge of urine and fæces.

Skin Radiation and Conduction.—The skin is the main means of escape of the bodily heat. Nearly three-fourths of the heat which escapes from the economy does so through the skin as a means.

A marked difference between the temperature of the skin and that of the surrounding atmosphere constitutes a prime factor in radiation. When the enveloping medium is very cold radiation from the skin's surface is very rapid.

The cutaneous circulation has considerable to do with the dissipation of heat. The caliber of the peripheral vessels is governed by the vasomotor system, which is itself under the guidance of the central nervous system.

External heat reflexly causes dilatation of the cutaneous vessels, so that at such times the skin becomes red and engorged. It contains more fluids and thus is a better conductor of heat. More blood being at the body surface allows of greater and more rapid loss through radiation.

External cold reflexly causes a contracting of the peripheral vessels; so that their lumina are narrowed. In consequence there is less blood circulating in the skin, which appears pale and contains less fluid; so that the radiation of heat is markedly hindered.

By reason of nervous stimulation the sweat-glands are at times made to functionate very freely; whereupon the skin's surface be-

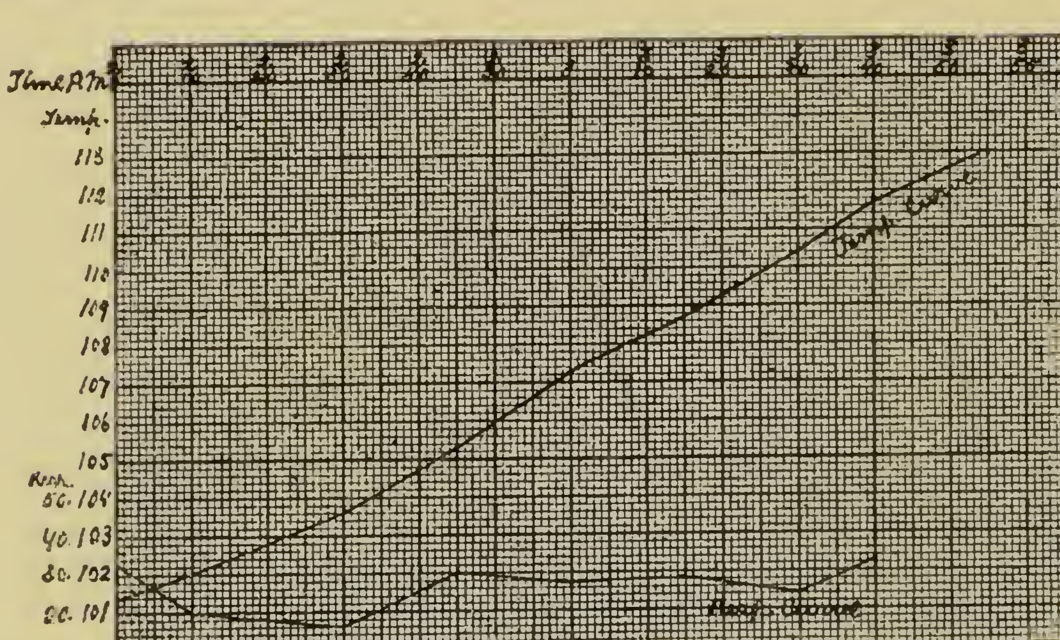

Fig. 82.—Curve of Temperature and Respiration when the Tuber Cinereum is Destroyed and the Animal is Artificially Heated.

comes bathed in a sensible perspiration. For the conversion of this moisture into vapor heat is necessary. It is by the abstraction of this heat from the underlying tissues that the body owes much of its loss when its parts are hyperpyrexial.

The covering of the body by clothing during the various seasons of the year contributes a great deal to the proper regulation of loss of heat, so that the mean temperature may be maintained fairly constant.

Fever.—The process of fever is one of absorbing interest during every period of a physician's life. The constant level of temperature in man is accounted for by two theories: One that it is due to changes in heat production; the other, held by a minority, that it is

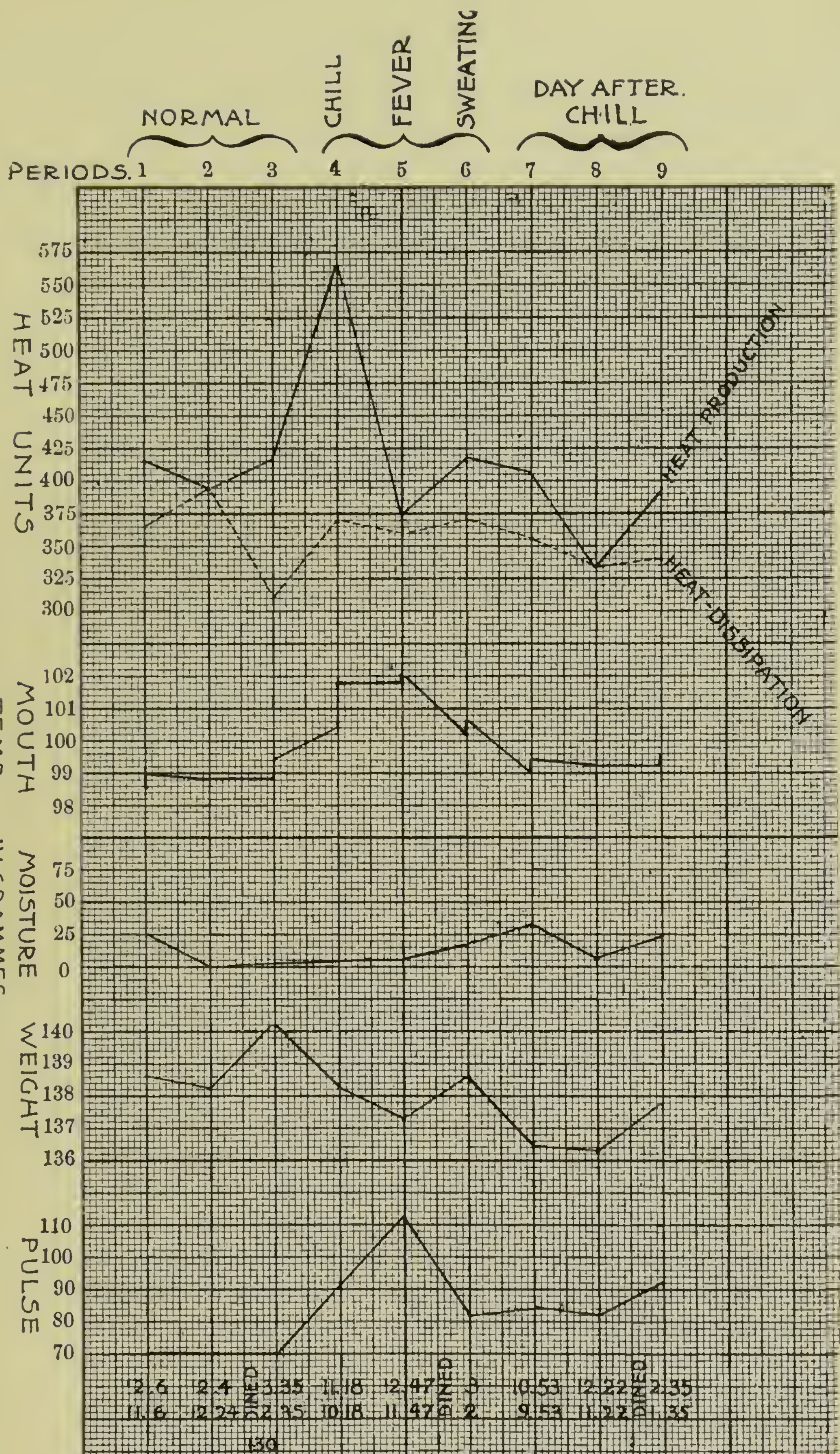

Fig. 83.—Heat Production and Heat Dissipation in Man during a Paroxysm of Malarial Fever—a Great Increase of Heat Production.

kept so by changes in heat dissipation under the varying conditions of external temperature.

In a case of fever generated by the malarial parasite I found with the human calorimeter an increased production of heat as the primary cause of the fever. In the case of fever generated by the subcutaneous injection of putrid blood I found a fever caused by an increased production of heat in the animal.

As a rule, it is true that fever is set up by an increase of heat production beyond that of heat dissipation. But when this is once established the fever continues, not from an excessive production, but from an altered relation between heat production and heat dissipation.

That the basal thermogenic centers, the corpus striatum and tuber cinereum, play a prominent part in the production of fever is proved by the fact that putrid blood and betatetrahydronaphthylamin both produce a rise of temperature. After a section behind the tuber cinereum they are powerless to elevate the temperature.

Antipyrin reduces the temperature by an action upon the corpora striata.

Experiments in my laboratory by Dr. W. S. Carter proved that while the temperature of the body has a rhythm, there was no rhythm in either heat production or heat dissipation.

All recent researches go to show that fever is not a fire that is continuously kept up by an excessive oxidation of the constituents of the human body. For instance, if the amount of water flowing into a vessel partly filled with water is equal to 2, and the amount going out is equal to 2, the level of the water will be the same. But if the amount of water going into the vessel is equal to 3 and the amount going out equal to 2, the level of the water will rise. If, however, the amount going into the vessel should suddenly fall to 1 and the amount going out should do the same, the level of the water would be nearly the same as before. If, now, you substitute for the amount of water going in the amount of heat produced, and for the water going out the amount of heat dissipated, and the level of the water as the height of temperature, it is easy to see how a diminished production and dissipation of heat due to want of food and the waste of the body by the fever process, may still keep up a high fever, although both are diminished below what is generated and dissipated in a state of health.

Postmortem Temperature.—Usually after death the body cools gradually, depending upon the temperature of the external atmos-

phere and the body-surface. The body of a child or emaciated subject cools more rapidly than does that of a well-developed and well-nourished adult body.

A *temporary increase* of postmortem temperature is due to the change of myosinogen into myosin and to those series of *chemical changes* immediately succeeding death.

When death has occurred from tetanus, acute rheumatism, typhoid, small-pox, cholera, or injuries to the brain, there is noted a marked postmortem rise in temperature.

CHAPTER XI.

THE MUSCLES.

COVERING up the bones and attached to their surfaces at certain definite places is the soft, red, fleshy portion of the body: the *muscular substance*. This consists of not one homogeneous environing mass, but a great number of distinct fleshy masses, called *muscles*. These are of various forms and sizes; number about four hundred; and are, for the most part, arranged in pairs. It is mainly to the shape and disposition of these muscles that the body owes the regularity of its contour.

It is by the power of these skeletal muscles that the animal is able to move about, procure means of sustenance, care for its young, etc.; but it must be borne in mind that muscles—not so powerful as are the skeletal muscles, but muscles, nevertheless—are contained within the viscera and blood-vessel walls. These muscles have very important functions to perform in aiding the processes of metabolism: that balance which when disturbed produces, not health, but disease.

Any animal *motion* means *muscle*. Muscular tissue is empowered with *contractility;* that is, an ability to shorten itself when acted upon by any stimulus. By its shortening it produces movement to parts to which one or both of its ends are attached. The resultant motions may be the very common ones of walking, running, various manual employments, etc., or the peristaltic movements of stomach and intestines, or the variations in the sizes of the lumen of the blood-vessels. Any animal movement should at once recall to the mind of the student that it is the resultant of some muscular contractility produced by the influence of a stimulus to it, whether that be nervous, electrical, mechanical, or thermal.

Muscular tissue consists of fibers bound together into those distinct organs already mentioned as muscles, and in this condition is known as the meat of animals.

In the fine anatomy of the muscles I have followed the writings of Professor Shaefer, as appears in Quain's "Anatomy," of which this is an abstract.

Varieties. — When seen under the microscope, these fibers are found to be *cross-striped,* or *striated;* as many of them are under the control of the will, they are usually spoken of as being *voluntary.*

In the coats of the blood-vessels and the hollow viscera is another variety of muscular fibers often making a distinct layer or layers to these organs. In this kind the fibers do not have the cross-striped appearance, but are plain, or *unstriped.* Nearly all of these are not under the control of the will, and are, hence, *involuntary.* It must here be noted, however, that the muscle of the heart—which, as everyone knows, is an involuntary muscle—is exceptional to this class of muscle in that its fibers are very plainly cross-striped. Nevertheless, it presents differences from the striped fibers of skeletal muscles; so that it has become customary with very many authors to class it under the separate title *cardiac muscular tissue.*

The muscular fibers of the skeleton are generally collected into distinct organs of various sizes and shapes which have at each end a tendon by which they are attached to the skeleton.

The fibers of the muscles are collected together into bundles, called *fasciculi.* In the fasciculi the fibers are parallel, so that the fasciculi wind from one tendinous end to the other, except in a few muscles like the rectus abdominis. In this instance the body of the muscle is interrupted by interposed tendinous tissue. The fasciculi themselves do not mingle with one another and, for the most part, run parallel, although in many cases they converge to their tendinous endings.

The covering of the entire muscle is termed the *epimysium,* and is a connective-tissue envelope. The covering of areolar tissue which insheathes the fasciculi of the muscle is spoken of as the *perimysium.* The latter, a septum from the epimysium, furnishes to each fasciculus a special covering as well as furnishing it with blood-vessels and nerves.

Within each compartment lie a number of muscle-fibers which are usually parallel to one another and held together by a very delicate reticular connective tissue. This areolar network is called the *endomysium,* but does not make a continuous covering and so cannot be said to form sheaths for them. Each fiber of the muscle, however, has a tubular sheath, but this sheath is *not* composed of the areolar tissue just mentioned. The special function of the areolar tissue seems to be to connect the fasciculi and fibers, and to support and conduct the blood-vessels and nerves in their ramifications between the various parts.

FASCICULI in form are prismatic, so that a transverse section shows an angular outline. The thickness of a fasciculus, as well as the number of fibers of which it is composed, varies. The texture of a muscle, whether coarse or fine, depends upon the large or small fasciculi contained within it; thus, the glutei are coarse, the muscles of the eye fine.

The length of the fasciculi is not always the same as the length of the muscle; this characteristic depends upon the arrangement of the tendons to which the muscle is attached. When the tendons are attached to the ends of a long muscle, as the sartorius, the fasciculi run from one end of the muscle to the other and so are of considerable length. However, a long muscle may be made up of a series of short fasciculi attached obliquely to one another by beveled ends. Short fasciculi thus attached, as in the rectus muscle of the thigh, have stronger action than where they run the extent of the muscle.

FIBERS.—The form of the muscle-fibers is cylindrical or prismatic with rounded angles. Their diameter varies very considerably, even in each muscle, although a certain standard is found to exist in every muscle. The largest human fibers average one-tenth of an inch in diameter, and from that size to one two-hundred-and-fiftieth of an inch fibers may be found. Between the size of the muscle and that of its fibers there is no constant relation.

The *length* of the muscular fibers does not generally exceed one and one-half inches. Thus, in a long fasciculus, the fibers do not reach its whole length, but end in a rounded or tapering end invested with sarcolemma and cohering with neighboring fibers. There is, as a rule, no anastomosis or division of the fibers of a muscle, except in the tongue of a frog, where they branch beneath the mucous membrane to which they are attached. The same thing has been observed in the tongue of man.

SARCOLEMMA.—The sarcolemma is a tubular sheath inclosing the soft substance of the muscle. It is an elastic, transparent, homogeneous membrane; it is rather tough and can remain intact even though the muscle be ruptured. Upon its inner side are found nuclei which, however, belong to the muscle rather than to the inclosing membrane.

Structure.—With a low magnifying power, the muscle presents clear pellucid fibers which are cross-striped with bands alternately dark and light. That this striation is not on the surface alone, but extends throughout the substance of the muscle, is readily demonstrated by altering the focus of the microscope. The stripes do not

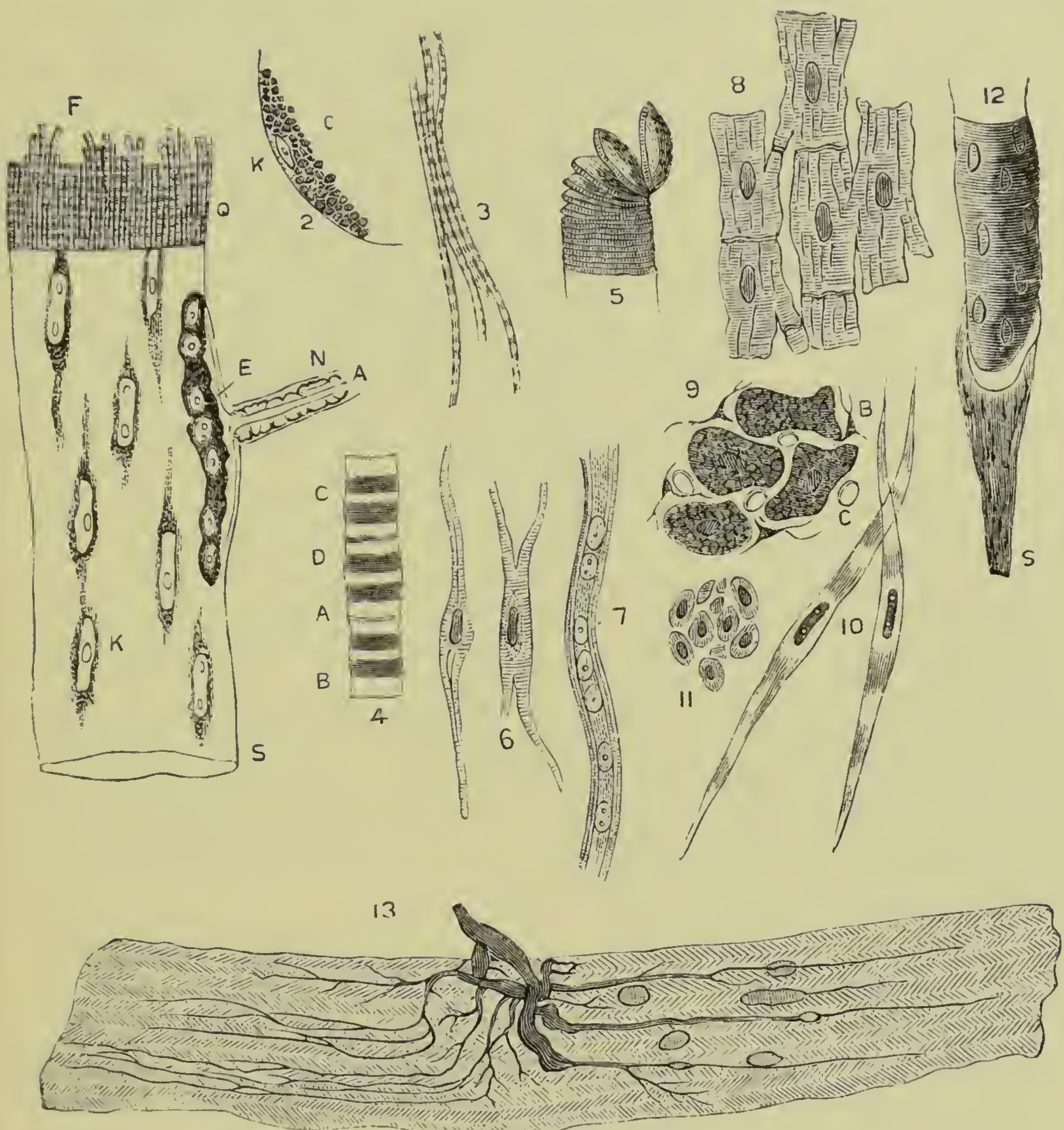

Fig. 84.—Histology of Muscular Tissue. (ELLENBERGER.)

1. Diagram of part of a striped muscular fiber. *S*, Sarcolemma. *Q*, Transverse stripes. *F*, Fibrillæ. *K*, Muscle nuclei. *N*, Nerve-fibers entering it with *A*, its axis cylinder, and Kühnes motorial end-plate, *E*, seen in profile.

2. Transverse section of part of a muscular fiber, showing Cohnheim's areas, *C*.

3. Isolated muscular fibrillæ.

4. Part of an insect's muscle, greatly magnified. *A*, Krause-Amici's line limiting the muscular cases. *B*, The doubly refractive substance. *C*, Hensen's disc. *D*, Singly refractive substance.

5. Fibers cleaving transversely into discs.

6. Muscular fiber from the heart of a frog.

7. Development of a striped muscle from a human fœtus at the third month.

8, 9. Muscular fibers of the heart. *C*, Capillaries. *B*, Connective tissue corpuscles.

10. Smooth muscular fibers.

11. Transverse section of smooth muscular fibers.

12. Muscular fibers with tendon.

13. Interfibrillary muscular nerves.

occur on the sarcolemma, but throughout the sarcous substance inclosed by the former.

The breadth of the bands is about $^{1}/_{17000}$ inch, so that eight or nine dark bands may be counted in $^{1}/_{1000}$ inch. While this is the common breadth in human muscle, yet they are much narrower in different parts; so that there may be twice as many bands existing in the space just mentioned. This striation is found in all muscles attached to the skeleton, in the heart, pharynx, upper œsophagus, diaphragm, urethral sphincter, external anal sphincter, as well as in the muscles of the middle ear.

When a muscle is deeply focused, the appearance of the striæ is somewhat altered; a finely dotted line is seen to pass across the middle of each light band. This is supposed to represent *Krause's membrane* stretching across the fiber and attached to the surface of the sarcolemma. However, there is reason to believe that the appearance of a dotted line in this position in the fresh fiber is due to the peculiar optical condition of the tissue.

A fine, clear line is sometimes seen in the middle of each dark band, and is known as the *line,* or *disc,* of *Hensen.*

Since there seems to be such variance as to muscle-structure and so many different names are met with in text-books, it might be well to call the student's attention to the fact that Dobie's line, Amici's line, and Krause's membrane are terms used to describe the same condition. They designate the dark line in the white band. Hensen's line occurs in the dark bands.

In addition to the cross-striping, the fiber of the muscle has *longitudinal striation.* When a muscle has been very carefully teased with fine needles after having been previously hardened in spirits, an interesting result follows. The muscle-fibers break up into fine, longitudinal elements of a rounded or angular section and which run from end to end of the fiber. These have been very aptly termed *muscle-columns,* or *sarcostyles.*

Each sarcostyle appears to consist of a row of elongated prismatic particles with clear intervals. These particles are termed *sarcous elements.* The sarcostyles in some muscles are striated longitudinally. This appearance has led some authors to believe that they are composed of still finer elements, or fibrils.

Under some conditions, the fibers show a tendency to cleave across in a direction parallel to the bands, and even to break up into transverse plates, or discs. The latter are made up by the lateral cohesion of the sarcous elements of adjacent sarcostyles. To the for-

mation of such discs, therefore, every sarcostyle furnishes a particle, which coheres with its neighbors on each side, and this with perfect regularity.

Sarcoplasm is the intercolumnar substance by which the sarcostyles are united into the muscle-fibers. It is the protoplasm of the muscle-corpuscles, and forms a fine network throughout the whole muscular fiber.

From an examination of the aforementioned facts, Bowman was induced to believe that the division of the fiber into fibrils, or sarcostyles, was merely a phenomenon of the same kind as the separation into discs, only a more common occurrence.

Cohnheim's Areas.—If a transverse section be made of a muscular fiber, or the surface of a separated disc be examined with a strong objective, there appear in the field small polygonal areas separated by fine lines. In acid preparations they give the appearance of a network. These areas represent sections of the muscle-columns, and are usually designated as *Cohnheim's areas.* The line between them represents the sarcoplasm, or intercolumnar substance.

When a muscle-fiber placed in fresh serum is examined, fine, longitudinal lines are seen running through the cross-striping. If, now, a weak acid is added to swell the muscular substance and render it more transparent, these lines can be traced from end to end of the fiber. By careful management of the microscope, it is found that these lines are really the optical section of the planes of separation between the sarcostyles; that is to say, the optical effect of the sarcoplasm, or intercolumnar substance. The sarcoplasm, in transverse section, presents the aspect of network; in longitudinal optical section it has the appearance of fine, parallel lines. The student can readily imagine how these effects can be produced by the presence of a small amount of interstitial substance between closely packed prismatic columns.

In most muscular fibers the sarcoplasm exhibits a peculiarity of arrangement which has a very characteristic influence upon the optical appearance of the fiber. In a longitudinal view of fresh muscle, the lines representing intercolumnar sarcoplasm present at regular intervals along their course rather marked enlargements. These enlargements lie in the bright cross-striæ, either in their middle or near their junction with the dim cross-stripes. These sarcoplasm nodules have the appearance of dots upon fine longitudinal lines which run through the muscle; in the more extended fibers these dots are in double rows. In less extended parts they are thicker and blend together in the middle of the bright striæ.

Structure of the Wing-muscles of Insects.—The study of these muscles has furnished the key to the comprehension of the intimate structure of muscle. As to their structure, the wing-fibers are in complete agreement with ordinary muscles.

Wing-fibers occur in large bundles of muscle-columns or sarcostyles imbedded in a considerable amount of granular sarcoplasm, while the whole of the structure is inclosed within a sarcolemma. The nuclei are scattered here and there. The quantity of sarcoplasm in wing-muscle is relatively far greater than in the ordinary muscle.

When wing-muscle has been carefully teased into muscle-columns, or sarcostyles, it is found that they contract while the sarcoplasm is quiescent. The muscle-columns can then be very carefully studied, when they show, like other muscles, the alternate bright and dark cross-striping. Each bright stria is bisected by a line which is the optical section of a transverse membrane: the membrane of Krause. These membranes divide the fibers into a series of segments, called *sarcomeres.*

In a muscle hardened by spirits each *sarcomere* is seen to contain: (1) in its middle, a strongly refracting, disklike sarcous element; (2) at either end (next the membrane of Krause) a clear interval occupied by hyaline substance. With strong lenses the sarcous elements can be made out to be composed of a sarcous substance which stains with logwood; it is pierced by short, tubular canals which extend from the clear interval as far as the middle of the disc. It is these canals which give to the sarcous element its longitudinal striping.

If, for any reason, the sarcostyle becomes extended, the sarcous elements tend to separate into two parts with an interval between them; *vice versa,* if the muscle be contracted or retracted the sarcous elements tend to encroach upon the clear intervals. At the same time the sarcous elements become swollen, so that the sarcomeres are bulged out at their middle and contracted at their ends.

Changes in Contraction.—When these muscles contract, the sarcous elements become bulged out and shortened, while the fluid of the clear interval becomes relatively diminished in amount. The ends of the sarcomeres are thereby contracted opposite the membranes of Krause, so that the sarcostyles become moniliform. This alteration in the shape of the sarcostyle necessarily affects the sarcoplasm which lies in their interstices. It must become squeezed out of the parts which are opposite the bulgings of the sarcostyles and into those parts which are opposite their constrictions. In other words,

the sarcoplasm must accumulate in greater quantity opposite the clear bands and the membranes of Krause, and must necessarily diminish in amount opposite the sarcous elements.

In the living muscle this change in the position of the sarcoplasm during contraction can be observed; the muscle-columns tend to cause the contracted parts to appear dark, the bulged parts bright, in comparison.

Appearance of Muscle under Polarized Light.—Brücke was the first to point out that the fiber is not composed entirely of a double refracting, or anisotropous, substance. In addition there is a certain amount of *singly* refracting, or isotropous, material. This investigator points out that there is a difference between the appearances presented by living muscle examined in its own plasma and those of dead and hardened muscle examined in glycerin. In living muscle nearly the entire fiber is doubly refracting, the isotropous substance occurring only as fine transverse lines or as rows of rhomboidal dots which are united to one another across the anisotropous substance by fine longitudinal lines. Sarcous element is anisotropic; sarcoplasm is isotropic.

Nuclei.—In muscles that are cross-striped are found a number of clear, oval nuclei. They are sometimes spoken of as *muscle-corpuscles.* In mammalian muscle they usually lie upon the inner surface of the sarcolemma. In the muscles of the frog and reptiles the nuclei lie in the substance of the fiber surrounded by a small amount of protoplasm. When the nuclei lie immediately beneath the sarcolemma they are more or less flattened. Each nucleus contains one or two nuclei. Mitotic figures, denoting division of the nuclei, have been observed. The nuclei are not very readily seen in fresh muscle, due to their being of the same refractive index as the sarcous substance. Only after they have undergone some spontaneous change or acetic acid has been added to the specimen can they be readily discerned.

In the rabbit and rays of fishes some of the voluntary muscles present differences from others, both as to appearance and mode of action. Thus, while most of the voluntary muscles are pale and contract forcibly when irritated, the soleus and semitendinosus show different characteristics. They are of deeper color and respond with slow, prolonged contractions when stimulated. Thus, in these animals there are red and white muscles.

In other animals, this distinction of muscles is not found as regards a whole muscle, but may affect individual fibers. Thus, in the

diaphragm many of the fibers have numerous nuclei imbedded within the protoplasm so as to form an almost continuous layer beneath the sarcolemma.

Relation to Tendons.—When a muscle terminates in a tendon, it is found that the muscular fibers either run in the same direction as the fibers of the tendon or join with the tendon at an acute angle. According to Toldt, the delicate connective-tissue elements covering the several muscular fibers pass from the latter directly into the connective-tissue elements of the tendon. According to another author, the ends of the muscular fibers are believed to be fastened to the smooth tendons by means of a special cement. However, it is probable that the areolar tissue which lies between the tendon-fibers passes between the ends of the muscular fibers to be gradually lost in the interstitial connective tissue.

Blood-vessels of Muscle.—The blood-vessels to the muscles are very numerous. The average muscle leads such an active life that its nourishment and repair material must be in proportionate relation. Unlike the organs, as the kidney and spleen, which usually are supplied by one artery and vein, muscles receive *several* branches from various arteries which pierce the muscle at different points along its course.

The artery and vein usually are in close proximity, being held in position by the connective tissue upon the *perimysium*. The capillaries lie between the muscle-fibers in the *endomysium*, but *outside* of the *sarcolemma*. Here the capillaries are small, and form a fine network with narrow, oblong meshes, which are stretched out in the direction of the fibers. The capillaries have both longitudinal and transverse vessels. The lymph that is destined to support the sarcous substance must pass through the sarcolemma to reach the same.

Muscle Nerve-supply. — The nerve-supply to muscles is both motor and sensory. Each *muscle-fiber* receives a motor nerve-fiber. The *trunk* of the motor nerve, as a rule, enters the muscle at its geometrical center (Schwalbe); thus, the point of entrance in a long, spindle-shaped muscle lies near its middle. At this "geometrical center" there is the point of least disturbance during contraction of the muscle. After the trunk of the nerve pierces the muscle it proceeds to divide dichotomously until there are just as many nerve-fibers as muscle-fibers. A nerve-fiber now enters each muscle-fiber, to do which, of course, it must pierce the sarcolemma. The point of entrance forms an eminence known as *Doyere's eminence*, or *motorial end-plate*. At this point the sheath of the nerve-fiber becomes con-

tinuous with the sarcolemma. The eminence itself consists of a mass of protoplasm (sarcoplasm) containing granules and nuclei. Beneath the sarcolemma the original nerve-fiber is broken up into a number of divisions, spoken of as nerve-endings. These are divisions of the axis-cylinder which are spread *over* the sarcous substance without piercing it. To this branched arrangement of the nerve-endings Kühne gave the name *motor spray*.

The nerve-endings are thus confined to very small areas on the muscle-fibers which have been termed by the same author *fields of innervation*. As a rule, each muscle-fiber has but one such area; it is the exception to find more than one, but as many as eight have been found in very long fibers.

Sensory fibers are also found in muscles, for it is through their presence that we obtain muscle sensibility. They seem to be distributed upon the outer surface of the sarcolemma, where there is formed a plexus. This plexus winds around the muscle-fiber.

Cardiac Muscle.—Some mention has previously been made concerning cardiac muscle, so that at this point only its most striking peculiarities will be mentioned, and that cursorily. *(a)* It is a striped muscle. However, its striations are not nearly so distinctly marked as are those of voluntary muscle. Occasionally it is seen to be marked longitudinally. *(b)* Cardiac muscle-fibers possess no sarcolemma. *(c)* Its fibers branch and anastomose. *(d)* The nucleus is placed in the center of each cell. One author says that cardiac muscle stands, physiologically, midway between striped and unstriped muscle. When stimulated, its contractions occur slowly, but last for a considerable length of time.

Nonstriped Muscle.—These muscles are made up of a number of contractile fiber-cells of an elongated, fusiform shape, and usually pointed at the end. These fiber-cells may be readily demonstrated by placing the tissue in a strong alkaline solution or a solution of strong nitric acid.

Upon transverse section they are generally prismatic, but sometimes are more flattened. Their muscle-substance is doubly refracting. Each cell has a nucleus which is either elongated or oval. It may contain one or more nucleoli. The nucleus is brought into view by means of dilute acetic acid or staining reagents.

The involuntary fiber-cells have a delicate sheath, which, like the sarcolemma of voluntary muscle-fiber, is very apt to become wrinkled when the fiber is contracted. By reason of this an indistinctly striated appearance may be produced.

While fiber-cells do occur singly, yet it is more common for them to be found in groups. Thus, muscular sheets, or bundles, are produced which may cross one another and interlace, being held in position by enveloping connective tissue. The individual cells are united by the presence of a very delicate *cement.*

The average length of the fiber-cells ranges from $^1/_{100}$ to $^1/_{200}$ inch: those forming the middle coat of the arteries are shorter, those

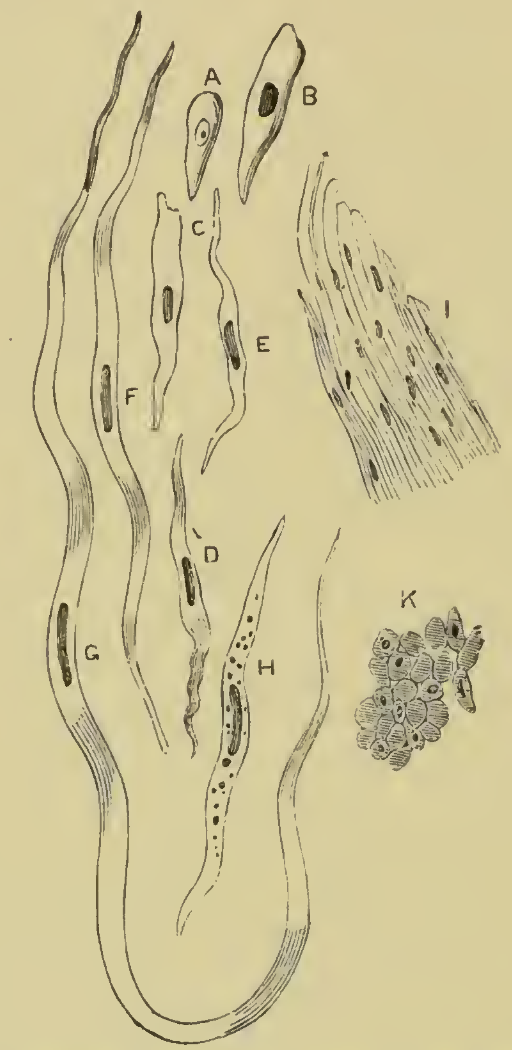

Fig. 85.—Unstriped Muscular Tissue. (Ellenberger.)
A and *B*, Fœtal cells. *C*, *H*, Fully formed fiber. *I*, Bundle of fibers. *K*, Cross-section of bundle of pale muscular fibers.

in the intestinal tract and the pregnant uterus are considerably longer.

Where Found.—The unstriped muscular tissue is more generally distributed within the body than one would suppose. It is found in the lower part of the œsophagus, in the stomach, small and large intestines; in arteries, veins, and lymphatics; in the ureters, bladder, and urethra; in the internal female generative organs, etc.

Blood-supply.—The blood-supply to unstriped muscle is very free, but not nearly so liberal as that to voluntary muscle. The *nerve-supply* is from the *sympathetic system*, and comprises both medullated and nonmedullated fibers. The fibers form a main plexus, lying in the connective tissue of the perimysium. From this plexus of fibers there come off numerous *fibrils*, which traverse the fiber and nucleus.

Irritability of Muscle.—Contractility, elasticity, tonicity, and irritability are terms used to designate various properties of muscles.

Thus, *contractility* is the property the muscle possesses of shortening and of giving a contraction when it is excited.

Elasticity is the general property, common to muscles and many other bodies, of stretching under the influence of a weight and of then returning, more or less perfectly, to the first shape.

Tonicity is the state midway between extreme contraction and relaxation. It is a condition depending upon the central nervous system.

In addition, muscle possesses a property that is common to all live tissues and which is of fundamental importance in general physiology. It is *irritability*. By irritability is meant that property of a living element to act according to its nature under the stimulus of an excitant.

Paralyses have been observed which have lasted for several months or even several years and, although the nerves were absolutely unexcitable, yet the muscles had retained their irritability. This may be readily demonstrated in cases of paralysis of the seventh pair of nerves.

The independence of muscle irritability is formally demonstrated by experiment in which the known action of the drug, curare, upon muscles is taken advantage of. A watery extract of this drug, when injected into the blood of an animal or introduced beneath its skin, acts chiefly upon the *motor nerve-endings*. It does not, however, affect muscular contractility. Curare is an agent which separates the muscle-element from the nerve-element by a physiological dissection much superior to the coarse anatomical dissections which we could make.

When a few milligrams of this drug are injected into the dorsal lymph-sac of a frog, the poison is absorbed within a few minutes. The animal soon ceases to support itself, but lies in any position in which it may be placed by the experimenter. It is paralyzed, producing neither voluntary nor reflex movements. Now, should the brain be destroyed, the skin removed, and the sciatic nerve stimulated by

electricity, no movements of the muscles of the limb follow. On the other hand, should the stimulus be applied directly to the muscles, they immediately *contract*. Therefore the muscle is irritable by itself.

By this it would seem to be clearly demonstrated that irritability belongs to the muscle, and does not depend upon the nerve-fibers mingled with those of the muscle.

In addition to this classical experiment there may be mentioned several other facts which go to corroborate what has been stated concerning irritability:—

1. The chemical excitants of the muscle are not the same as the chemical excitants of the nerves. Thus, glycerin excites the nerve, but has no effect upon the muscle.

2. Isolated muscle-fibers have been seen which, according to microscopical examination, contained no nervous elements and which, notwithstanding, were contractile.

3. If the decreasing progress of irritability be followed after death, in the muscle as well as in the nerve, it will be found that the nerve dies long before the muscle. When the nerves have lost all irritability, the muscle is still alive, and can contract under the influence of excitations directly applied to its tissue. It is at that very moment when the nerves have lost all excitability that the muscle is at its maximum of irritability.

Influence of Blood Upon Irritability.—It has been demonstrated by experiment upon the frog that when the artery of a member is ligated the muscle contraction is less high and less strong than if the artery had been left intact.

Stenon's experiment of ligating the abdominal aorta of a dog is worthy of mention. In twenty to thirty minutes after the ligation the dog seems paraplegic. He is unable to stand upon his hind limbs. Reflex and voluntary movements are completely lost; *muscle irritability, however, persists for nearly three hours.*

When the ligature is removed movement does not return to the limbs at once, but within a very short time the dog is able to stand upon his four feet.

Stimuli.—Those extreme forces which bring into play the irritability of the muscle are simply various forms of energy. To them the name *stimuli* has been applied. By their action the muscle is thrown into a state of excitement whereby the chemical energy of the muscle is transformed into heat and work. These muscle excitants, or stimuli, are of five varieties: *(a) nervous, (b) electrical, (c) thermal, (d) mechanical,* and *(e) chemical.*

Nervous Stimuli.—The most important of all the excitatory forces of the muscle is innervation. In the normal state there is scarcely any other than this to produce muscle contraction. Our muscles, as well as those of all other animals, contract because the motor nerve transmits to them the spontaneous or reflex excitation of the nervous centers. The nerve impulses average about ten per second. The stimulus is exactly proportioned to the effect which must be obtained.

Electrical Stimuli.—Electricity is employed as a stimulus in preference to any other external agent to bring into play the irritability of muscle.

Thermal Stimuli.—Thermic excitations also provoke muscular movements. The stomach and intestines are viscera whose muscles are very readily excited by heat and cold. They contract very energetically when very cold drinks are taken and their temperature suddenly modified. On the contrary, striated muscles hardly react to thermic excitants. If heat or cold be applied gradually, there is not produced any muscle contraction. Excitants act only when they are applied suddenly.

Mechanical Stimuli.—Mechanical excitants that are capable of producing muscular contraction are rather common. Thus, the surgeon, while performing an operation, notices slight fibrillary tremblings following each stroke of his scalpel.

Chemical Stimuli.—It can be stated as a rule that all the substances which are fatal to the life of the muscle are excitants of the muscle. On this ground, distilled water is an excitant, for when it is injected into the arterial system of a frog its muscles show fibrillary twitchings. Not only does the water excite the muscle, but it also kills rapidly.

Chemical Constitution of Muscle-tissue.—The chemical study of muscle is one of the most difficult of physiological chemistry. There are in the muscle proteid matters which are very like one another and which can be distinguished only by superficial characters. This renders results far from being satisfactory or reliable.

Besides, it is necessary, in order to know chemical reactions of muscles, to study only living muscle. But from previous study it will be recalled that even the weakest chemical actions produce very decided changes in the muscle, with consequent alteration of its chemical functions.

Then, too, muscle-fiber is mingled with many other tissues, arteries, veins, nerves, connective tissue, etc.; the separation of the

muscular fiber from its enveloping media is almost impossible completely to effect.

Reaction.—Living muscle is alkaline; however, after extreme activity and after death its reaction is found to be acid. This is due to the development of sarco-lactic acid. The postmortem change in muscular constitution is due to spontaneous coagulation of a proteid within the muscle-fibers.

Among the constituent substances of the muscle-fiber are distinguished: (1) *proteids—myosinogen, myo-albumin, myoglobulin;* (2) *glycogen;* (3) *ferments* and *mineral salts;* (4) *extractives.*

PROTEIDS. — The sarcolemma of the muscular fiber resembles elastin very closely as to its solubilities. Within the soft, contracting portion, the sarcous substance, is a large percentage of proteids and smaller proportions of extractives and salts.

Myosin is formed from *myosinogen, myosin ferment,* and *calcium salts.*

Syntonin.—When a solution of myosin is heated it is altered in such a manner that it can no longer be dissolved in NaCl as before.

If it be treated with dilute HCl, it becomes altered in still another manner, and produces an important substance which is called *syntonin.*

If syntonin in HCl solution have pepsin added to it, the syntonin is transformed into *peptone.*

Muscle-serum.—It will be remembered that in the coagulation of blood two principal components were noted: the clot and the serum floating upon the clot. Also, after coagulation of the muscular juice, myosin and serum must be distinguished.

The muscle-serum which floats upon the surface of the myosin contains several substances. Among them the chemist points out two principal ones: *myo-albumin* and *myoglobulin.*

In that part of the muscle which does not yield muscle-juice there are insoluble albumins. They are rich in nuclein.

The amount of proteid matters contained in the muscular tissues is very variable. It is usually stated that in 100 parts, by weight, of muscle, there are 20 parts of proteid matters.

Myohæmatin.—Another proteid found within the muscle is myohæmatin. It is the coloring matter of muscle.

EXTRACTIVES.—*Creatinin* is found in nearly all muscles. Creatinin is derived from creatin by dehydration. The amount of creatinin in muscle is small, being but 0.2 per cent.

Muscle also contains the purin bodies: hypoxanthin and xanthin. These bodies occur to the extent of about 0.02 per cent.

There is in muscle-juice a substance analogous to pepsin. When a muscle becomes acid in reaction and the temperature is suitable, the pepsin acts upon the proteids to convert them into albumoses and peptones.

Halliburton found a *myosin-ferment.* Its presence would seem to explain the coagulation of myosin.

Glycogen.—Among the nonnitrogenized substances must first be classed the sugars and their analogues. *Glycogen* is the principal muscle-starch. The glycogen in the muscles was discovered by Claude Bernard while looking for the glycogen in the liver of the fœtus and newborn. He found in the muscles of the embryo quantities of glycogen that were relatively enormous. Glycogen exists in all of the muscles.

The more active the state of a muscle, the less glycogen it contains. Therefore, much of it is found in those muscles which contract but little.

Muscle extract and pancreatic extract obtained by expression when mixed together rapidly destroy sugar, probably by the formation of a ferment. Either extract alone is powerless to break up glucose. These two extracts resemble the action of enterokinase upon trypsinogen and explain the diabetes due to removal of the pancreas.

. Inosite.—Another sugarlike matter has been found in the muscle-fiber. It is *inosite.* It is a sort of crystallizable body that is unfermentable. That is, it does not ferment to form alcohol, but *lactic acid.* It is found in the vegetable kingdom also, where it is usually extracted from peas or beans. It is identical with the inosite of muscle. It is not a sugar, but belongs to the aromatic series.

Fats.—Muscle also contains fats.

Mineral Substances.—Alkaline phosphates predominate. In 100 parts of ash there are about 90 parts of phosphates. The metals found in muscle are: Potassium, sodium, and calcium; there is also a small quantity of magnesium and iron. Phosphoric acid exists in muscle as inorganic phosphates, phosphorus of phosphocarnic acid, and phosphorus of inosinic acid. Carnic acid is identical with antipeptone. When a muscle works it increases the phosphates in the urine. The gases found in muscle are carbonic-acid gas and oxygen.

Adipocere is a waxy substance which replaces muscular tissue if bodies be buried in damp soil. It consists principally of a soap made of calcium with palmitic and stearic acids.

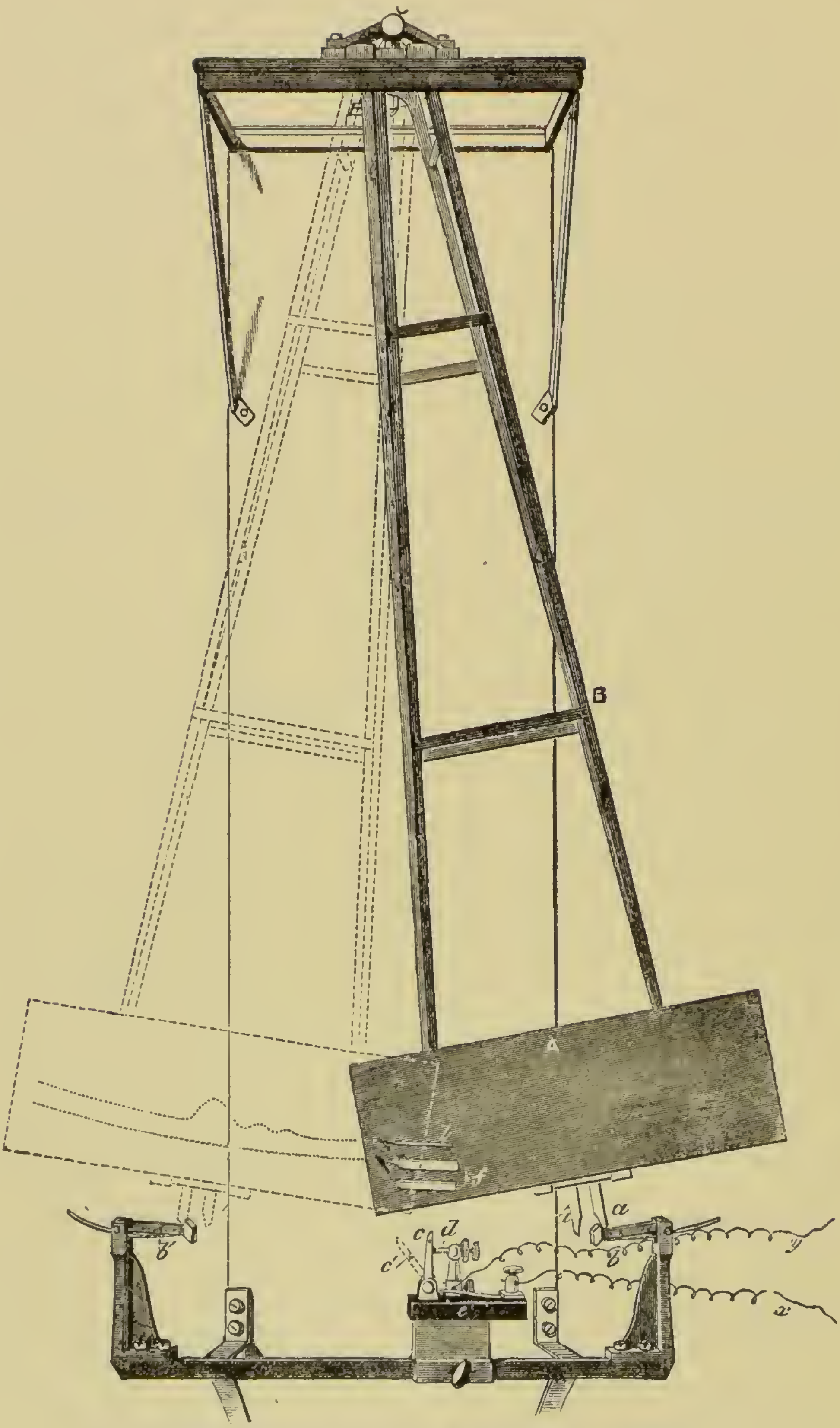

Fig. 86.—The Pendulum Myograph. (FOSTER.)

A, Smoked glass plate, swings on the "seconds" pendulum. *B*, by means of carefully adjusted bearings at *C*. The contrivances by which the glass plate can be moved and replaced at pleasure are not shown. A second glass plate, so arranged that the first glass plate may be moved up and down without altering the swing of the pendulum,

Rigor Mortis.—That state of firmness, of retraction, and of stiffness in which the limbs of an animal are found some time after death is called *rigor mortis.* It is caused by the coagulation of the myosinogen.

In man it is generally four hours after death that cadaveric rigidity becomes complete. As a rule, it may be said that rigidity begins two hours after death, reaching its maximum two hours later.

A particular kind of *rigor mortis* has been observed by military surgeons. Soldiers while in full activity have been struck by projectiles and have been seen to become stiff instantaneously. It is a sort of *rigor mortis* which seizes all of the muscles of the body immediately after death.

Influence of Temperature.—Animals which have died in *heated chambers* become rigid very quickly and the rigidity disappears as quickly.

Cold, which retards chemical phenomena, retards the appearance of cadaveric rigidity and prolongs it enormously.

Influence of Fatigue.—The influence of prolonged labor of the muscle upon the premature appearance of rigidity is an indisputable fact.

Muscular Labor and Urea Excretion.—The amount of urea excreted from the body is not markedly increased during muscular labor.

Lactic Acid.—The production of lactic acid is the more abundant as the muscle has been longer and more strongly excited.

Myograph.—The du Bois-Reymond induction coil is the one most commonly employed in physiological experiments. When it is necessary to use very rapid breaking of the current, some instrument must

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is also omitted. Before commencing an experiment the pendulum is raised up (in the figure to the right) and is kept in that position by the tooth (*a*) catching on the spring-catch (*b*). On depressing the catch (*b*) the glass plate is set free, swings into the new position indicated by the dotted lines, and is held in that position by the tooth (*a'*) catching on the catch (*b'*). In the course of its swing the tooth (*a'*), coming into contact with the projecting steel rod (*c*), knocks it on one side into the position indicated by the dotted line (*c'*). The rod (*c*) is in electrical continuity with the wire (*x*) of the primary coil of an induction-machine. The screw (*d*) is similarly in electrical continuity with the wire (*y*) of the same primary coil. The screw (*d*) and the rod (*c*) are armed with platinum at the points at which they are in contact, and both are insulated by means of the ebonite block (*e*). As long as *c* and *d* are in contact the circuit of the primary coil to which *x* and *y* belong is closed. When in its swing the tooth (*a'*) knocks *c* away from *d*, at that instant the circuit is broken, and a "breaking" shock is sent through the electrodes connected with the secondary coil of the machine and so through the nerve. The lever (*l*), the end only of which is shown in the figure, is brought to bear on the glass plate, and when at rest describes a straight line, or more exactly an arc of a circle of large radius. The tuning-fork (*f*), the ends only of the two limbs of which are shown in the figure placed immediately below the lever, serves to mark the time.

be employed for that purpose. The first instrument used in making myograms was that of Helmholtz.

Simple Contraction.—If a single induction shock be applied to a muscle there will result a simple muscular contraction; that is, the muscle responded by a quick contraction, with return to its former relaxed condition. This contraction, when graphically shown, is termed a *simple muscle-curve.*

MUSCLE-CURVE, OR MYOGRAM.—If the muscle-curve of a single stimulus be analyzed, it will be seen to be composed of various elements, as follows: (1) *period of latent stimulation,* (2) *period of contraction,* and (3) *period of relaxation.*

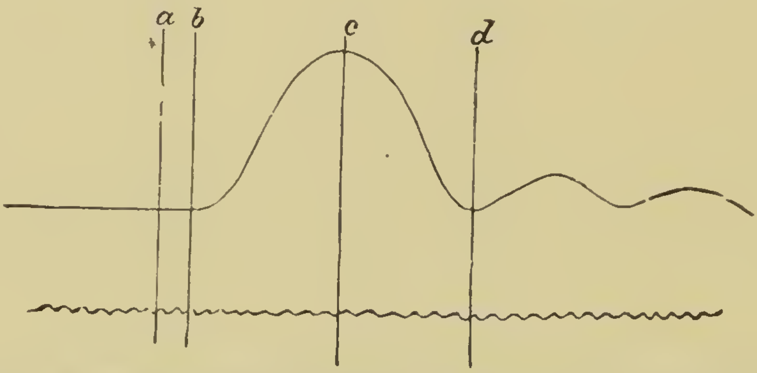

Fig. 87.—A Muscle-curve Obtained by Means of the Pendulum Myograph. (FOSTER.)

To be read from left to right.

a indicates the moment at which the induction-shock is sent into the nerve. *b*, The commencement; *c*, the maximum; and *d*, the close of the contraction. The two smaller curves succeeding the larger one are due to oscillations of the lever.

Below the muscle-curve is the curve drawn by a tuning-fork making 180 double vibrations a second, each complete curve therefore representing $^1/_{180}$ of a second. It will be observed that the plate of the myograph was traveling more rapidly toward the close than at the beginning of the contraction, as shown by the greater length of the vibration-curves.

Latent Period.—The significance of this term is that the muscle experimented with does *not* respond at the precise moment when the stimulus is applied to it. The response comes later—about $^1/_{100}$ of a second. During the latent period there is no *apparent* change occurring within the muscle. The latent period may be *modified* by increased stimulus and heat, when it becomes shortened; fatigue and cold lengthen the time. The latent period of unstriped muscle may be as long as one or two seconds.

Contraction Period.—The muscle-curve comprises two periods: that of the ascent and that of the descent of the muscle. The ascent of the curve represents the contraction of the muscle until it has

reached its maximum. The rate of contraction is at first a trifle slow, then more rapid and more slow a second time. The extent is $^4/_{100}$ of a second.

Relaxation Period.—After the muscle has contracted to its maximum, it begins to relax—at first slowly, then more quickly, and finally more slowly again. Its duration is $^5/_{100}$ of a second. It is shorter with a weak stimulus and longer with a strong stimulus.

In the myograph we use a light lever and a weight as near its axis as possible to record the contraction. Here the tension of the

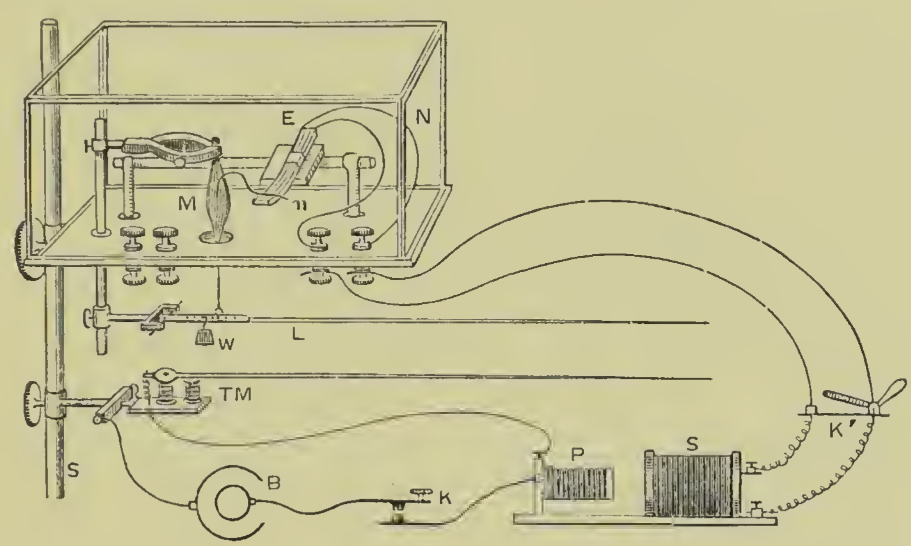

Fig. 88.—Arrangement of Apparatus in Conducting Experiments on Nerve and Muscle. (Stirling.)

B, Galvanic battery. *K*, Electric key in primary circuit. *P*, primary coil of induction machine. *S*, Secondary coil of induction apparatus, from which the current is conducted when the key (K') is open to the electrode (*E*) on which rests the nerve (*n*). The muscle (*M*) is supported by a clamp under a glass shade, its tendon being connected by a thread with a lever (*L*) writing on the smoked surface of a revolving drum. The time-marker (*TM*) is included in the primary circuit so that when the current passes through *P* by closing the key (*K*) it also traverses the electromagnet of the time-marker and causes a record of the instant of stimulation to be made on the surface of the drum. *S*, Stand supporting moist chamber. *W*, Weight by which muscle is stretched and which is lifted in the contraction of the muscle.

muscle in its contraction and relaxation remains nearly the same. This contraction is called an isotonic contraction. The isometric contraction is produced when the muscle pulls against a spring. Here the muscle undergoes slight change in length and the energy of change of form is transformed into tension and stored in the spring. An examination of isometric and isotonic curves proves that a muscle which has shortened to a given length will be making a far greater pull when its effort to shorten has been resisted than when it has

reached the same during a contraction without resistance, which is an isotonic contraction.

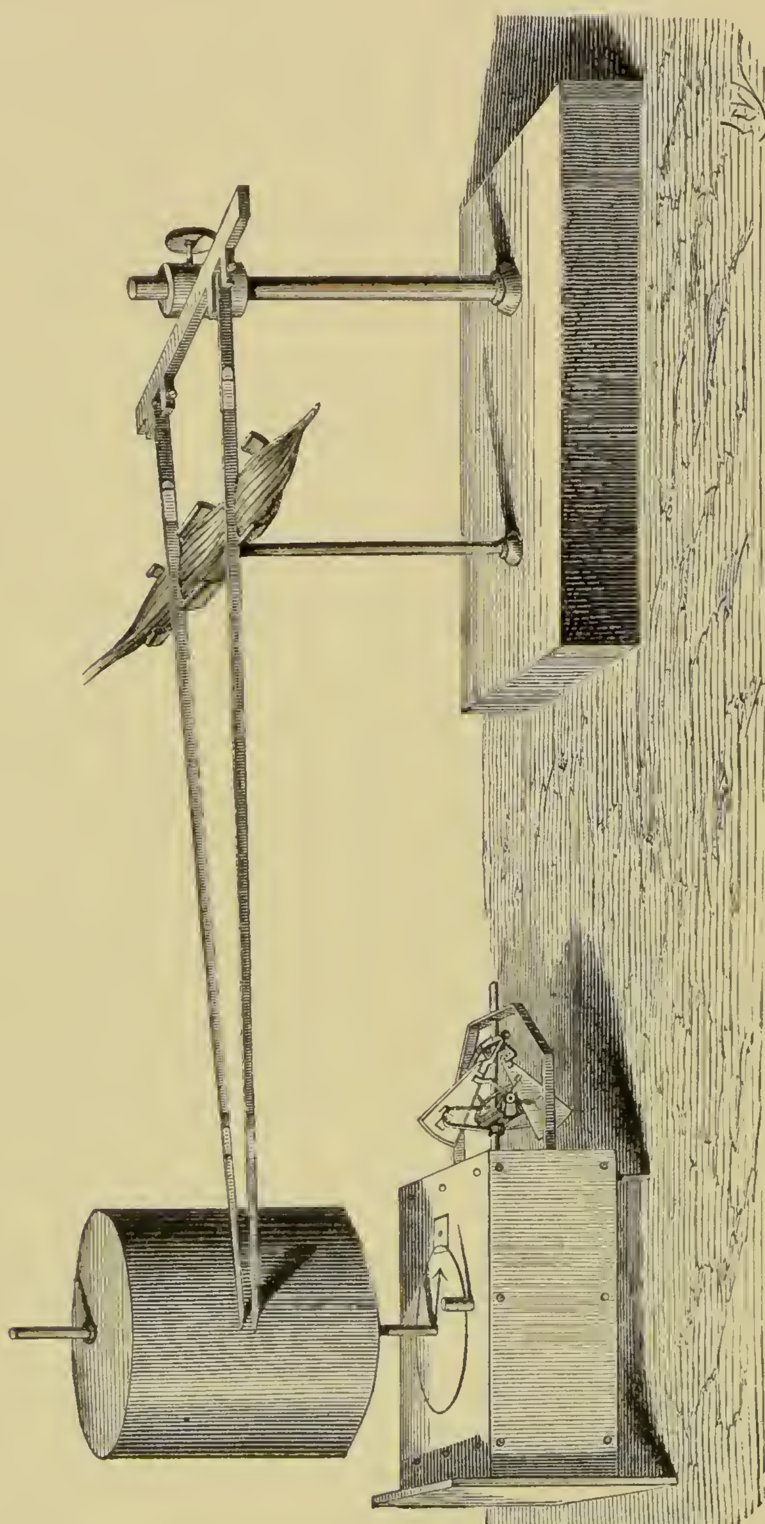

Fig. 89.—Apparatus for Measuring the Velocity of the Wave of Muscular Contractions. (Marey.)

Curve of Fatigue.—When a muscle has become fatigued and its myogram studied, at first the contractions improve for a short time. This is shown by the successive contractions being higher.

Afterward the latent period increases, the curve becomes less high, while the contraction becomes *slower* and lasts longer. The resultant myogram gives the picture spoken of as the "staircase."

Veratrine and adrenalin greatly prolong the stage of relaxation in a muscle.

RESTING AND ACTING MUSCLE.—The chief differences between resting and acting muscle are: (1) the acting muscle forms more CO_2; (2) more oxygen is consumed; (3) sarco-lactic acid is formed; (4) glycogen is made use of; (5) the substances soluble in water diminish in amount, while those soluble in alcohol increase.

CHANGES IN THE VOLUME OF THE MUSCLE DURING CONTRACTION.—Muscular contraction can be defined by its apparent effects: a shortening of the muscle. By experiment it has been shown that

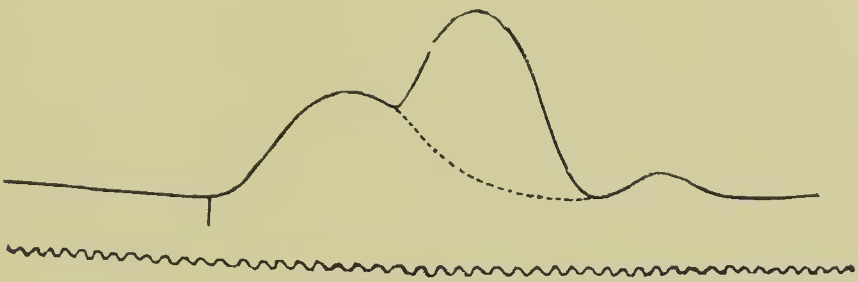

Fig. 90.—Tracing of a Double Muscle-curve. (FOSTER.)

To be read from left to right.

While the muscle was engaged in the first contraction (whose complete course, had nothing intervened, is indicated by the dotted line), a second induction shock was thrown in at such time that the second contraction began just as the first was beginning to decline. The second curve is seen to start from the first as does the first from the base line.

the muscle on contracting simply shifts its muscular units when it shortens, for the volume of the muscle remains the same. The velocity of a contraction-wave in muscle can be measured; in the frog it is from three to four meters per second; in *man, about forty feet per second.*

The Effects of Two Successive Stimuli.—Let the student imagine two successive momentary stimuli applied successively to a muscle. The stimuli may be either *maximal* or *submaximal;* that is, either the greatest possible contraction the muscle is able to accomplish or only a medium contraction from the applied stimulus.

If each of the two stimuli be *maximal,* the effects produced will vary according to the *time* of application of the two excitants. Thus, (1) if the second stimulus be applied after the relaxation following the effect of the first stimulus, then the myogram shows two maximal

contractions; (2) if the second stimulus follow the first with such rapidity that the two occur during the latent period of the muscle-curve, then the recording instrument shows but *one* maximal contraction.

If the two stimuli be *nonmaximal,* the effects of the two separate stimuli will be superimposed; that is, there will be a *summation* of the contractions. This summation occurs regardless of the time of application of the stimuli.

Summation of Stimuli.—As the second stimulation was just seen to add its curve to the first, so does the third add itself to the second, the fourth to the third, etc. If the excitations occur with a rhythm that is not too rapid, the various shocks are nearly equal, as shown by the myogram, but yet they do not mingle. These isolated shocks are seen when the rhythm does not exceed six per second.

Fig. 91.—Tetanus Produced with the Ordinary Magnetic Interrupter of an Induction Machine. (Recording surface traveling slowly.) (FOSTER.)

To be read from left to right.

The interrupted current being thrown in at *a*, the lever rises rapidly: but at *b* the muscle reaches the maximum of contraction. This is continued till *c*, when the current is shut off and relaxation commences.

If, now, these same excitations be repeated with a frequency of twenty per second, isolated shocks will not be seen. Each stimulus, lasting but $^1/_{20}$ of a second, does not allow the muscle completely to relax; thus, the second contraction encroaches upon the first, the third upon the second, etc. From the rapid succession of the stimuli, the muscle remains in a condition of continued vibratory contraction. That is, in a state of *tetanus.*

Complete Tetanus.—If the excitation rhythm be more frequent,—say, fifty of them per second,—there will no longer be any trace of the primitive shocks. The ascent of the muscle-curve will be abrupt and decided; the contraction due to the first shock will not be followed by any relaxation. There will be no oscillation recorded upon the myogram. The upper straight line due to the complete contraction of the muscle is called the *plateau.* When the muscle is in this condition the tetanus is said to be perfect or complete.

The tetanus is spoken of as *incomplete* when there are still relaxations and vibrations which indicate the incomplete mingling of the shocks.

The *number* of *stimuli* that are required to produce tetanus may be very variable. Fifteen to twenty stimuli per second suffice to throw a frog's muscle into tetanus.

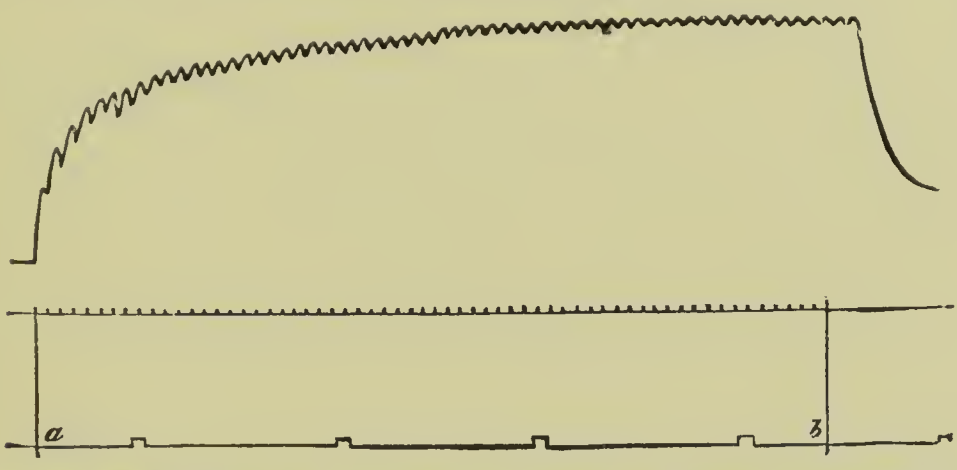

Fig. 92.—Muscle Thrown into Tetanus, when the Primary Current of an Induction Machine is Repeatedly Broken at the Rate of Sixteen Times per Second. (Foster.)

To be read from left to right.

The upper line is that described by the muscle. The lower marks time, the intervals between the elevations indicating seconds. The intermediate line shows when the shocks were sent in, each mark on it corresponding to a shock. The lever, which describes a straight line before the shocks are allowed to fall into the nerve, rises almost vertically (the recording surface traveling in this case slowly) as soon as the first shock enters the nerve at *a*. Having risen to a certain height, it begins to fall again, but in its fall is raised once more by the second sbock, and that to a greater height than before. The third and succeeding shocks have similar effects, thd muscle continuing to become shorter, though the shortening at each shock is less. After a while the increase in the total shortening of the muscle, though the individual contractions are still visible, almost ceases. At *b* the shocks cease to be sent into the nerve; the contractions almost immediately disappear, and the lever forthwith commences to descend. The muscle being lightly loaded, the descent is very gradual; the muscle had not regained its natural length when the tracing was stopped.

Duration of Tetanus.—A tetanized muscle cannot be kept contracted for a considerable length of time, even though the stimuli be kept constant. The muscle begins to elongate—at first somewhat quickly, but later more slowly. This change is produced by fatigue of the muscle.

Muscle-sound. — Helmholtz said that 36 vibrations per second formed the average for the production of muscular tones. To-day this is considered an overtone, and the requisite number of necessary vibrations is placed at 19 per second.

First Heart-sound.—It is probable that the first sound of the heart is partly a muscle-sound. It is a dull sound, persisting when the thorax is taken away and the auriculo-ventricular valves are destroyed. The sound could not in such an instance be produced by the vibration of the valves.

Voluntary Contraction.—The *number* of single impulses sent to our muscles during voluntary movements are somewhat variable. There are from 8 to 12 impulses for a slow movement and from 18 to 20 impulses per second for a rapid movement. Ten vibrations per second may be taken as the average.

Elasticity of the Muscle.—Of all the properties of muscle, elasticity is the one least well known, the one which is most difficult to explain and understand.

Physicists say that a body is *perfectly* elastic when, after having been removed from its first position, it returns exactly to the original position. Thus, an ivory ball is perfectly elastic; after it has been flattened by an external force it returns exactly to its original shape.

If a piece of rubber is stretched by adding successive weights it is found that the series of elongations are nearly proportional to the weights. When the weights are successively removed it will be found that the elasticity of the rubber is nearly perfect. But if overweighted for a long time it does not return completely to its original length, and the elasticity disappears gradually. If now you take a frog's fresh muscle and successively load it, the extension of the muscle for each weight is not proportional to the weight used, but with each increase in weight the muscle stretches rather less, the greater the previous extension. On removing the weights the muscle shortens, but it does not return to its original length. A contracted muscle is more extensible than a resting one, which prevents a rupture of the muscle in a sudden contraction.

Muscular Work.—While treating of elasticity and its modification, tonicity, it might be well to give a brief discussion upon muscular work. The *amount of mechanical work* which a muscle performs equals the product of the weight lifted and the height to which the weight is lifted. Thus, the work = height $\times$ the weight.

When a muscle begins to contract, it is then that it lifts the greatest load; as the contraction continues, the muscle is capable of lifting less and less.

If the height be expressed in feet and the weight in pounds, then the work performed is measured in units of foot-pounds. Likewise,

should the height be measured in meters and the weight in grams, then the work done is expressed in grammeters.

In studying the heights of contraction in a loaded muscle it is found that the heights of lift continuously diminish, but the actual work done by the muscle increases rapidly and then more slowly until it reaches its maximum with a load of 200 grams. After that point the work done slowly decreases and then more rapidly until it receives a load of 700 grams, when the muscle is unable to contract.

Dynamometer.—The common, clinical form of dynamometer is much used to determine the absolute force of certain muscles. The instrument is very useful to determine the difference in grip between the two hands in cases of paralysis. The patient grasps the instrument in his hand and squeezes upon it; the power exerted is registered in kilograms.

Muscles are Most Perfect Machines.—They take the best advantage of the fuel supplied to them and give in return a very high percentage of energy in the form of work. They, by legitimate exercise, increase in strength and power so that they progressively perform more work.

The steam engine, to which muscles are frequently compared, is inferior in every respect. The best made steam engine shows as work only about 12 per cent. of the total energy supplied to it by the oxidation of the coal, while about 88 per cent. is transformed into heat. Muscle transforms 25 per cent. of its energy into work and 75 per cent. into heat to warm itself.

CHAPTER XII.

VOICE AND SPEECH.

It has long been established that the sounds of the voice in man and mammalia are produced by the vibratory action of the vocal cords. It is usually the blast of *expired air*—under certain circumstances the inspiratory blast also—in its passage through the glottis that causes the tense vocal cords to vibrate. These cords vibrate according to the laws which regulate the vibration of stretched membranous tongues. As a result of these vibrations sound is produced which, in man, is capable of being so modified as to constitute articulate speech.

Experiments upon living animals show that the vocal cords are alone the essential factors in the production of sound. For, so long as these remain untouched, although all other parts in the interior of the larynx are destroyed, the animal is still able to emit vocal sounds.

The existence of an opening in the larynx of a living animal, or of man, *above* the glottis in no way prevents the formation of vocal sounds; however, should such an opening occur in the trachea, it causes total loss of voice. By simply closing the opening sounds can be again produced. Such openings in man are usually met with as the result of accident, of suicidal attempts, or of operations performed upon the larynx or trachea for the relief of disease.

Production and Modification of Sounds.—Whenever a solid body surrounded by air is thrown into vibration the sensation of sound is carried to the ear. The vibrations must, however, be of certain strength and follow one another with certain rapidity. It is usually stated that if the vibrations be fewer than 32 or exceed 33,768 per second no effect is produced upon the nerve of hearing.

For the production of a musical sound the vibrations must succeed each other at regular intervals; if the vibrations occur at irregular intervals, only a noise results.

The *pitch* of a sound depends upon the number of vibrations within a given period of time. The pitch becomes higher in direct proportion to the rate of increase in the rapidity of the vibrations.

The *strength*, or *intensity*, of the sound depends upon the extent of the vibratory action of the sonorous body.

Tone, or *timbre,* is that peculiar character of a musical note whereby it can at once be distinguished from another note of exactly the same pitch and strength.

THE ORGAN OF VOICE.

The special organ of voice in man is that portion of the air-passages called the *larynx.* It is a sort of hollow chamber which extends from near the root of the tongue to the first ring of the trachea. It is placed in the middle line of the neck, where it forms a considerable projection, larger above than below.

Although the larynx is the proper organ of voice, yet the lungs and the moving parts of the thorax serve to propel the air through this

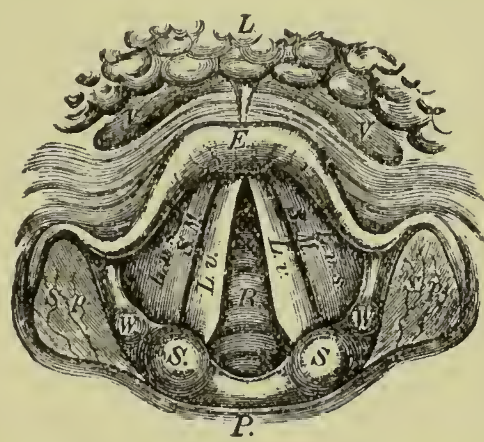

Fig. 93.—The Larynx as Seen with the Laryngoscope. (LANDOIS.)

L., Tongue. *E.*, Epiglottis. *V.*, Vallecula. *R.*, Glottis. *L. v.*, True vocal cords. *S. M.*, Sinus Morgagni. *L. v. s.*, False vocal cords. *P.*, Position of pharynx. *S.*, Cartilage of Santorini. *W.*, Cartilage of Wrisberg. *S.p.*, Sinus pyriformis.

organ. The cavities above it, including the pharynx, mouth, and nasal cavities, assist in modifying the vocal sounds. They are, therefore, adjunct organs of voice.

Anatomy of the Larynx.—The larynx consists of a cartilaginous skeleton which constitutes its walls; also vocal cords; muscles which move directly the cartilaginous pieces, and influence indirectly the tension of the cords; and, finally, a mucous membrane which lines the internal cavity.

CARTILAGES.—The cartilages of the larynx are four in number: two unlike and two alike. One of the former is inferior and exists in the form of a signet-ring. It is the *cricoid.* This cartilage is continuous with the rings of the trachea. Its narrower portion is situated anteriorly; its wider portion is placed posteriorly. It ar-

ticulates with the inferior cornua of the thyroid cartilage, forming the crico-thyroid articulation.

The other odd cartilage, the superior one, is called the *thyroid.* It is composed of two quadrilateral laminæ which meet in front at an angle. This projection is popularly known as Adam's apple. Each thyroid lamina terminates posteriorly in two horns: one superior, the other inferior.

The two cartilages which are alike are the *arytenoids.* Each one is in the form of a triangular pyramid, whose base is movably articulated at the back on the cricoid cartilage. The apex of each arytenoid cartilage has attached to it, in the shape of a movable point, a *cartilage of Santorini.*

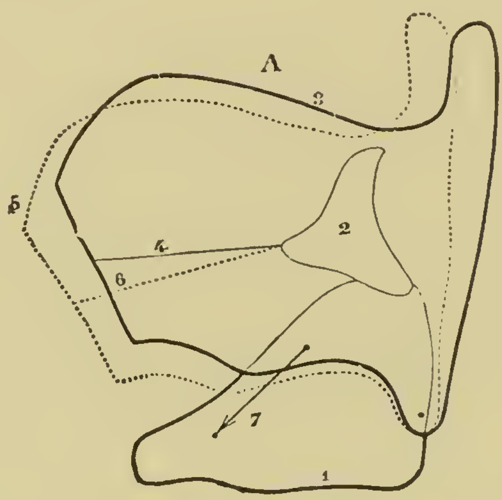

Fig. 94.—Action of the Muscles of the Larynx. (Beaunis.)

The dotted line indicates the new positions assumed by the thyroid cartilage in the action of the crico-thyroid muscle. 1, Cricoid cartilage. 2, Arytenoid cartilage. 3, Thyroid cartilage. 4, True vocal cord. 5, New position of the thyroid cartilage. 6, New position of vocal cords.

The true vocal cords are attached to the anterior angles, or *vocal processes,* of the arytenoids; the crico-arytenoid muscles are inserted into the external angles.

The *cartilages* of *Wrisberg* are found in the aryteno-epiglottic folds.

The *epiglottis* is attached to the inner surface of the anterior portion of the thyroid cartilage. It projects upward behind the base of the tongue. The epiglottis is attached to the tongue by the three *glosso-epiglottic folds.*

The *false vocal cords* are two folds of the laryngeal mucous membrane which pass from the anterior surfaces of the arytenoids to the thyroid cartilage. They are located above the true vocal cords.

The *true vocal cords* extend from the anterior angles of the bases of the arytenoids to the thyroid cartilage.

The *glottis* is the chink between the true vocal cords.

The *ventricle of the larynx* is the pouch between the true and false vocal cords.

THE MUSCLES.—All of the laryngeal cartilages, joined together by ligaments, are moved by five pairs of muscles. The muscles of the larynx are divided into two groups: *intrinsic* and *extrinsic.* To the former group belong those muscles which are attached to the various cartilages. The latter collection comprises the musculature connecting the larynx to other parts like the hyoid bone.

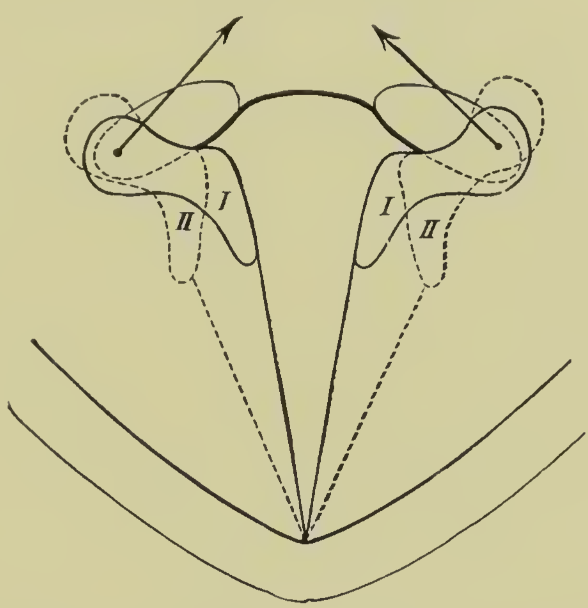

Fig. 95.—Schematic Horizontal Section of Larynx. (LANDOIS.)

I, Position of horizontally divided arytenoid cartilages during respiration. From their anterior processes run the converging vocal cords. The arrows show the line of traction of the posterior crico-arytenoid muscles. *II, II.* Position of the arytenoid muscles as a result of this action.

INTRINSICS.—Of these there are five pairs.

1. The Crico-thyroid Muscles.—These, which are in the anterior part of the larynx, originate in the front and sides of the cricoid cartilage below. Outwardly they are attached on each side to the lower edge of the thyroid cartilage. They become fixed by the action of the thyro-hyoid, sterno-thyroid, and laryngo-pharyngeal muscles.

Action.—They incline the cricoid cartilage upward and backward and so elongate and stretch the vocal cords, at the same time contracting the opening of the glottis.

2. The Posterior Crico-arytenoid Muscles.—These take their departure from the posterior surface of the shield of the cricoid cartilage.

They then converge and are fastened to the base of the corresponding arytenoid cartilage.

Action.—In contracting they turn the anterior ends of the arytenoids outward, whereby they separate the vocal cords from each other and give a rhomboid form to the glottis. Thus it is materially widened.

3. The Lateral Crico-arytenoids.—These muscles are found upon the inner side of the cricoid. They are carried backward and upward and are fastened to the outside of the posterior ends of the bases of the arytenoid cartilages.

Action.—In contracting they rotate the arytenoid cartilage inward. They are antagonists of the posterior crico-arytenoid muscles; they narrow the vocal part of the glottis.

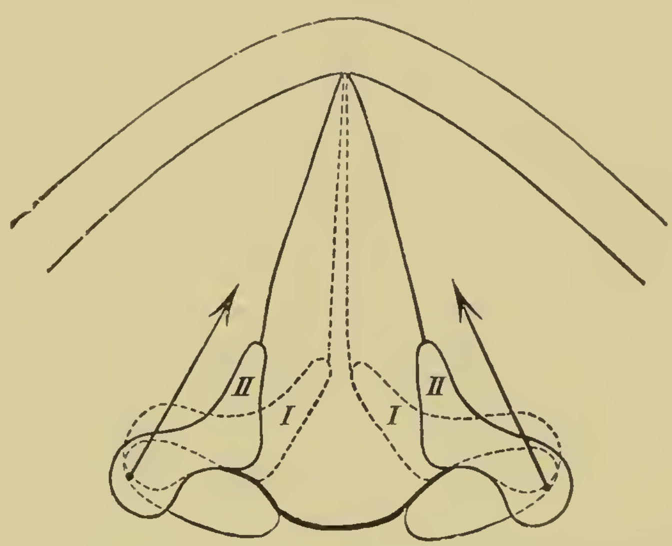

Fig. 96.—Schematic Closure of the Glottis by the Thyro-arytenoid Muscles. (LANDOIS.)

II, II, Position of the arytenoid cartilages during quiet respiration. The arrows indicate the direction of muscular traction. *I, I,* Position of the arytenoid cartilages after the muscles contract.

4. The Thyro-arytenoid Muscles.—This pair of muscles is inserted at the anterior end in the middle of the angle of the thyroid cartilage, and at the posterior end is fastened to the inside of the anterior end of the base of the arytenoid cartilages. Each muscle of the pair runs its entire length parallel with the corresponding vocal cord.

This muscle has two bundles: an internal and external bundle. The muscle draws the arytenoids toward the thyroid and relaxes the cords. By the internal bundle the anterior part of the vocal cord can be tightened while relaxing the posterior part. It is the muscle concerned in the production of the high notes in the singing voice.

5. *The Arytenoid* constitutes an odd muscle. It extends posteriorly between the two arytenoid cartilages. The muscle is divided into two layers: one posterior, of oblique fibers disposed like an X; and one anterior, of transverse fibers.

Its action is, in contracting, to draw the arytenoid cartilages together so that the respiratory part of the glottis is closed. If the contraction be simultaneous with that of the lateral crico-arytenoid muscles, respiration is entirely interrupted.

THE EXTRINSIC MUSCLES are those of the anterior region of the neck: those in the suprahyoid as well as those in the subhyoid region. By the action of these muscles the entire larynx is moved upward and downward.

THE CAVITY of the larynx is lined with a mucous membrane. The mucous membrane is continuous with that of the trachea. It is covered with the prismatic or ciliated epithelium in all places except over the vocal cords and epiglottis. In these special areas it is stratified.

THE VOCAL CORDS comprise two sets, as was previously mentioned; the upper, false cords, composed of folds of mucous membrane, take no part in voice production; the lower, true cords, are composed of a mucous membrane with pavement epithelium, a lamina of elastic fibers, and the thyro-arytenoid muscle.

Opening the cavity of the pharynx and raising the epiglottis, the whole extent of the glottis is seen; that is, the slit left by the two superior cords. This has the shape of a much elongated triangle—apex in front, base at the back. The limited anterior part of the triangle is called the *vocal part* of the glottis; whereas the posterior part is called the *respiratory portion*. It does not participate in phonation, but only in the passage of air.

NERVE-SUPPLY.—The nerves which are distributed to the larynx come from the pneumogastric. The *superior laryngeal nerve* supplies the mucous membrane of the larynx and gives the external laryngeal branch to the crico-thyroid muscle. The inferior, or *recurrent*, laryngeal nerve supplies all of the muscles except the crico-thyroid. The ganglia which preside over the motor innervation of the larynx are seated in the floor of the fourth ventricle.

Laryngoscopy.—The laryngoscope is an instrument that is used to bring to the user's view various parts of the pharynx, larynx, and trachea. It consists of a small mirror fastened to a long handle. The angle that the mirror makes with its handle is from 125 to 130 degrees.

Condition of the Vocal Cords.—By observations made with the laryngoscope it has been determined that, while in respiration the vocal cords are inclined *from* each other, and the glottis is wide open, in speaking or vocalization the cords are seen to approximate and *vibrate.* In ordinary quiet breathing there is a wide, triangular-shaped opening in the glottis. On the other hand, during the production of vocal sounds the triangular posterior opening is completely closed, while the anterior portion of the rima glottidis becomes a very fine fissure, or slit.

VOICE.

It is the vibration of the edges of this fissure by the passage of air through it that produces sound: the voice. The air expelled from the lungs acquires a maximum of tension in the narrow tracheal tube, causing it to strike underneath the true vocal cords and put them into the proper vibrations. But the tone produced will not always be of the same caliber and height, since the expired air may find the vocal cords in different states, the result of muscular contractions.

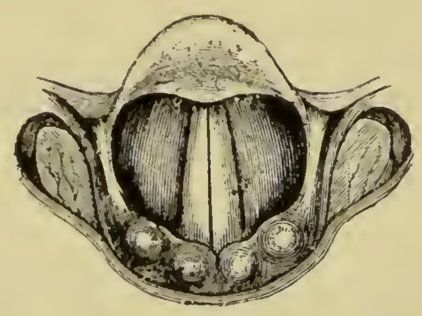

Fig. 97.—Position of Vocal Cords on Uttering a High Note. (Landois.)

The Height of the sound produced in the larynx depends upon the *number* of vibrations of the vocal cords during a given time. The *number of vibrations would then depend upon the state of tension* and the *length* of the *cords themselves.* The greater the number of vibrations during a second, the higher will be the tone, and *vice versa.*

The range of the human voice, as regards *height,* is usually between 87 and 768 vibrations per second. Not all persons have such a range. Each type of voice includes about two octaves. When a man *speaks*—that is, when he uses the articulate voice—his voice does not exceed a height of a half-octave. When he sings his vocal range is more extended.

The Intensity of sound depends upon the extent of the vibrations of the vocal cords, produced especially by the force of the current of air.

The *height* of the voice depends, to a considerable extent, upon different *lengths* of the vocal cords. The result is that in adult man the *bass, baritone,* and *tenor* voices are found, because of the greater length of the vocal cords in man. On the contrary, the *contralto, mezzosoprano,* and *soprano* voices belong to women and boys, for they have cords shorter in length.

Timbre of sound depends upon the nature of the vibrating body and of the other means vibrating at the same time with it for the production of harmonious sounds.

Resonance.—The normal voice of man is sonorous; that is, it is composed of vibrations regular in extent and isochronous. Its resonance comes either from the *air-tube* or from the *resonators.* By the former is understood the trachea, bronchi, walls of the lungs, and thoracic case; by the latter, the ventricles, pharynx, mouth, and nasal cavities. The resonance within the thorax in an adult causes a *fremitus* of the thoracic wall. This is greatly increased in low sounds and diminishes until it disappears in high sounds.

Ordinarily, in speaking and singing, the air put in vibration in the larynx issues from the mouth while the nostrils are open. If they be closed, the air which is held there vibrates with the air issuing through the oral cavity and gives the voice a *nasal tone.*

The human voice can assume two different registers. The one is strong and sonorous and accompanied with vibrations of the thoracic wall (chest-voice). The other is weak, without resonance, and of higher pitch (head-voice, or *falsetto*).

Ventriloquy, which by practice can reach great perfection, consists only in the possibility of changing the register of the voice. The name derived its origin from the erroneous interpretation of it by the ancients. They claimed that the ventriloquists spoke from the stomach. The performer is able to conduct dialogues in which two persons appear to take part.

Speech.—If man had the faculty of making only *sounds* with the larynx, his vocal organ would not differ greatly from ordinary musical instruments. The voice in such case would but serve to make others aware of his presence and to call them for the various wants of life, as happens in animals and in the child itself when just born.

But man is endowed with an important means by which he can communicate to his fellows the state of his mind. It forms one of man's noblest characteristics, a distinctive one.

The infant at first expresses the state of his mind by cries accompanied by gestures. Then little by little it learns and tries to imitate those sounds which the parents always make corresponding to given objects and persons. It pronounces them without understanding their meaning. In later years it learns of the correspondence of given sounds to given objects and ideas.

Speech is articulate voice. It is an *ensemble* of sounds and noises harmonized by the will and co-ordinated by a particular cortico-motor nervous center. Its aim is the making known to the listener the present state of mind of the speaker as well as recollections of the past and tendencies toward the future.

Vowels and Consonants.—Speech is composed of two elements, namely: *vowels* and *consonants*. The former consist of *sounds* generated in the larynx and slightly modified in the pharynx and mouth-cavity. The consonants result from *noises* variously produced by the obstacles encountered by the air in its passage through the pharynx and mouth-cavity. Vowels are produced in the larynx, pharynx, and mouth; consonants not in the larynx, but in the mouth.

The vowels are produced by the different form of the cavity of the pharynx and mouth during the expiration of air through them. The principal change in form consists in the lengthening and shortening of the mouth. The vowels are *a, e, i, o,* and *u.*

The *consonants* consist of *sounds* emitted by the larynx, but which become *noises* by reason of obstacles they encounter. According to the obstructions met with, consonants are termed *gutturals (h, k, q), linguals (c, d, g, t, s, n, l, r),* and *labials (b, f, m, p, v).* The linguals are subdivided into *palatals* and *dentals.*

The very varied union of the vowels with the consonants constitutes *syllables;* union of the latter forms words.

Stammering is due to a continued spasmodic contraction of the diaphragm and to the muscles of the larynx not harmonizing the chink of the glottis.

Stuttering is due to a want of ability to form the proper sounds by the laryngeal muscles; the breathing and diaphragm are both normal.

Pathology.—Paralysis of the motor nerves of the larynx from the pressure of tumors, causes *aphonia,* or loss of voice. In aneurism of the aortic arch the left recurrent nerve may be paralyzed from pressure. The laryngeal nerves may be temporarily paralyzed by overexertion and hysteria.

If *one vocal cord* be paralyzed, the voice is impure in tone and falsettolike.

Hoarseness may be caused by mucus upon the vocal cords or by roughness or laxness of the cords. Disease of the pharynx or naso-pharynx and uvula may, in a reflex manner, produce a change in the voice.

CHAPTER XIII.

ELECTRO-PHYSIOLOGY.

To IRRITATE nerves we employ the du Bois-Reymond induction apparatus. It consists of a primary spiral of some 130 coils of wire and a secondary spiral of 6000 coils of wire. The core inside the primary spiral is formed of a number of thin iron wires. To graduate the current the secondary spiral is moved in a groove to and from the primary, or, following Bowditch, it can be rotated at an angle to the primary spiral. A wooden scale at the side shows the separation of the coils in millimeters. The strength of the current at the different separations of the coils can also be graduated by means of the galvanometer. To break the current Neef's automatic hammer is used. The break shock is stronger than the make shock. To equalize the shocks, Helmholtz used a side wire to make an accessory current.

To study the currents of muscles or nerves it is necessary to use various kinds of apparatus devised by du Bois-Reymond. To use the galvanometer (instead of the usual wire electrodes) we make use of nonpolarizable electrodes. They are formed of flat, glass tubes and their lower end is closed water-tight by means of common salt clay (kaolin), which externally is molded into a hooklike shape for the nerve to rest on. A strip of amalgamated zinc plate is inserted into the glass tube filled with a concentrated solution of sulphate of zinc. The zinc is fastened to a piece of brass which has a screw for the attachment of the wire to lead off the current to the galvanometer. Instead of the galvanometer the capillary electrometer may be used.

The current of the muscle or nerve traverses the muscle or nerve and produces a deflection of the needle of the galvanometer, which indicates the direction of the current.

Physiological Rheoscope.—This name has been given to the nerve-muscle preparation of the frog where the greatest possible length of the sciatic nerve attached may be used. The preparation of the nerve requires special care, for the nerve must be removed by a little seeker of glass or bone. No metal must touch it. It is removed from below

upward, and if properly done there should be no contraction of the muscle during the operation. If the nerve of this preparation be brought into contact with a segment of separated muscle so as to touch simultaneously the longitudinal and transverse surfaces, a contraction instantly follows. If a piece of the muscle be placed on the electrodes of du Bois-Reymond so that the transverse section corresponds to one and the longitudinal surface to the other, the deflection of the needle of the galvanometer indicates the existence of a current in the muscle which passes from the transverse to the longitudinal surface. The surface of the muscle is positive and that of the transversely divided segment negative. Instead of a transverse section of a muscle its tendon may be taken, which is also negative and has been called the

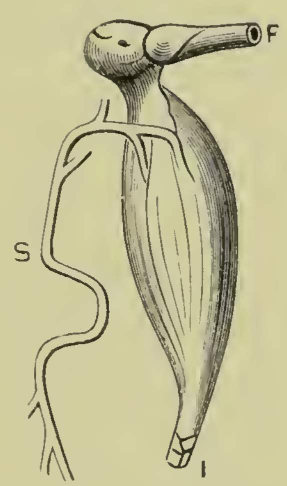

Fig. 98.—The Nerve-muscle Preparation. (STIRLING.)

S, The Nerve-muscle. *F*, Lower third of femur. *I*, Tendon of gastrocnemius muscle.

natural transverse surface. The cut surface of a longitudinal section of muscle presents positive electrization. The laws of electrical currents of muscle have been fully determined by du Bois-Reymond:—

1. When the conductor unites the longitudinal to the transverse surface there is a well-marked deviation of the needle, and the greatest deviation occurs when the middle of the longitudinal surface is connected with the middle of the transverse.

2. When two points are connected on a longitudinal or transverse surface which are unequally distant from the middle, or two points unequally distant on opposed surfaces, then there is a slight deflection of the needle. In the case of the longitudinal surfaces the current passes along the conductor from the point nearer the center to the one farther off. The reverse is the case for the transverse.

3. When two points are connected on the same or on opposed surfaces equally distant from the center, or when the centers of two opposite surfaces are joined, there is no movement of the needle of the galvanometer.

The parelectronomic part of the muscle is the tendinous part of the muscle, which is negative instead of being positive, as is the rule. Here it is necessary to make an artificial section for the purpose of demonstrating the electrical phenomena of muscle.

Hermann has shown that the muscle-currents are the result of the preparation, and do not exist in the normal, intact fibers when in a state of repose. These galvanometrical deviations are due to the traumatic action of air, cold, or chemicals.

Electrical Phenomena of Contracting Muscle.—If upon the electrodes connecting the poles of the galvanometer a muscle is so placed that the needle deflects, and then tetanize the muscle by stimulating its nerve, the needle will be seen to retrace its movement of deflection. This reverse of the natural current is known as negative deviation. This has been shown to be due to a weakening of the natural nerve-current, and not to the production of a new one contrary to the current of rest. This negative variation can stimulate the nerve of another muscle if the nerve of the physiological rheoscope be placed on the nerve of a contracting muscle in such a manner that the first touches both the cut surface and another point on the second nerve; then each contraction of the muscle is followed by a contraction of frog's nerve-muscle preparation (secondary contraction). This negative variation lasts about 0.004 second and is propagated along the muscle with the same velocity as the wave of contraction it precedes, vanishing even before the arrival of the latter. Hermann calls the negative variation by the name of current activity.

Negative Variation of the Nerve-current.—If you place upon the electrodes connected with the galvanometer a piece of nerve, the deviation of the needle shows the existence of the nerve-current already described so long as the nerve is at rest. If you tetanize the nerve the needle is seen to run back toward zero, and sometimes even beyond it. This takes place in every kind of nerve and in the whole length of the nerve. It can be produced by mechanical or chemical stimuli as readily as with electricity. The greater the stimulus, the greater the negative variation, but there is not a definite proportion between them. Hermann has shown that neither in the nerve nor muscle do any of these currents exist so long as the structures are uninjured. To generate a nerve-current in repose it is necessary to make a transverse

section. This produces death of the superficial layer of a segment next the cut surface. The dead tissue behaves negatively with regard to the living, and the electromotor forces accordingly have their seat at the plane of demarcation between the dead and living. As to the currents of activity, they are explained by admitting that during stimulation the active parts are negative with regard to the parts at rest.

CHAPTER XIV.

THE ANATOMY AND PHYSIOLOGY OF THE NERVOUS SYSTEM.

ANATOMY OF THE NERVOUS SYSTEM (EXCEPT THE CEREBELLUM).[1]

STRUCTURE OF NERVE-TISSUE.

Nerve-tissues present themselves in two varieties: some as *white* substance and some as *gray* substance. These two substances are different, not only in color, but also in physical and chemical properties and in anatomical arrangement.

The gray substance contains as characteristic elements the *nerve-cells;* the white substance, the *nerve-fibers.* These latter emerge from the gray nervous substance to branch out toward the peripheral organs. These two substances, gray and white, possess a common element known as *neuroglia;* in addition, each contains blood-vessels.

The Nerve-cell.—The nerve-cell is the characteristic fundamental element of the gray substance: it is the unit of the nervous system. It is the element which gives to this kind of nervous tissue its gray color. When these units are charged with a strong portion of pigment, they are black, as in the locus niger of the cerebral peduncles. When a little less pigmented they present a grayish color: the color that is characteristic of the brain and the central portion of the spinal cord. They may be charged with red pigment, then the cells are reddish; such cells constitute the red nucleus of the head of the cerebral crura.

Structure of the Nerve-cell.—The nerve-cell is composed of (1) a mass of protoplasm inclosing a nucleus with its nucleolus; (2) of simple or branched prolongations. The protoplasm of a nerve-cell, like that of many other cells, is formed of a very delicate network of bands whose meshes are filled with a clear or finely granular albuminoid substance. The network has been designated by the name of *spongioplasm* and the intermediate substance is generally termed

[1] For anatomy of the cerebellum see subsequent pages.

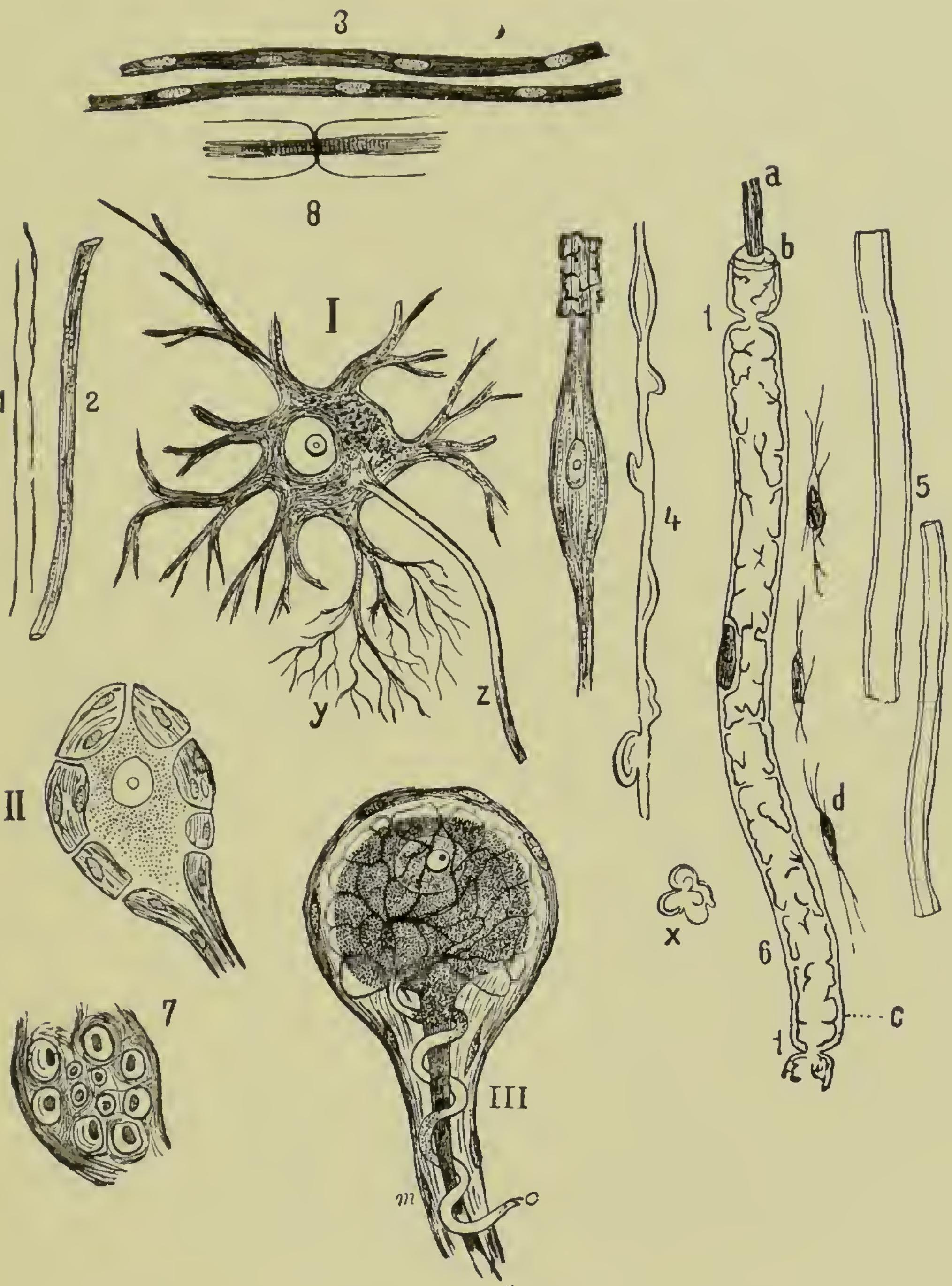

Fig. 99.—The Structure of Nervous Tissue. (LANDOIS.)

1, Primitive fibril. 2, Axis-cylinder. 3, Remak's fiber. 4, Medullated varicose fiber. 5, 6, Medullated fiber with Schwann's sheath. *C*, Neurilemma. *t*, *t*, Ranvier's nodes. *b*, White substance of Schwann. *d*, Cells of the endoneurium. *a*, Axis-cylinder. *x*, Myelin drops. 7, Transverse section of nerve-fiber. 8, Nerve-fiber acted on with silver nitrate. *I*, Multipolar nerve-cell from spinal cord. *z*, Axial cylinder process. *y*, Protoplasmic processes; to the right of it a bipolar cell. *II*, Peripheral ganglionic cell with a connective-tissue capsule. *III*, Ganglionic cell, with *o*, a spiral, and *n*, straight process. *m*, Sheath.

hyaloplasm. As to these two components, the protoplasm of nerve-cells is like that of most other cells.

Fibrils.—One peculiarity is the presence in it of fibrils which run *through* its substance.

Granules.—The other characteristic feature of nerve-protoplasm is the existence within it of *angular granules.* These show a special liking for basic aniline dyes, as methylene blue. By many authors they are spoken of as *Nissl bodies,* after their discoverer and the man who has demonstrated their physiological worth. The granules are found scattered throughout the cell-body and its dendrons, but *not* in the axis-cylinder and the adjacent area of the cell to which it is attached.

The most important relations that these granules bear physiologically to the cell is as follows: Under either normal or abnormal activity of the nerve-cell the granules undergo a change which has been termed *chromatolysis.* It is a slow dissolution of the granules with diffusion of the degenerated product into the protoplasm. At first the cell swells, pushing its nucleus to one side; later the cell diminishes in size, due to loss of its chromatophilic substance.

It is in the hyaloplasm that the pigment substance which gives to the cell its particular color is deposited.

Nucleus.—The nucleus of the nerve-cell forms a small, rounded or oval mass. It is characterized by its relatively large size. This nucleus is strongly colored by all the reagents, as carmine, methylene blue, etc. Around the nucleus the chromatin forms a sort of cell-wall called the nuclear membrane. Within the nucleus is seen a small refracting body called the *nucleolus.* Its chromatin is relatively great in amount.

Cell-prolongations.—From the researches of Deiters it has been learned that nearly every nerve-cell has protruding from its periphery a greater or less number of prolongations. These are of two varieties: one is unique, nonbranching, and prolonged under the form of a cylinder-axis of a nerve. It is known by the various terms, *axis-cylinder, neuraxon,* and *neurite.* The other variety of prolongations is composed of many, though an uncertain number of, processes. This new set of prolongations bears the name of *protoplasmic processes, dendrons, dendrites,* or the *poles of the cells.* Some cells possess no dendrons, others very many. However, it is believed that no cell is without its neuraxon. According to Cajal, the communications of the prolongations of the cells among themselves is no more than that of simple *contact.* It is analogous to the contact which permits of the

passage of the electrical current when the two electrodes of an electrical battery are in contact. Further, the nervous impulses are transmitted only along the neuraxons from cell to cell. Each neuraxon, by branching and coming in *contact* with the dendrons of other and neighboring cells, conveys its impulse to them. They in turn transmit it centripetally to the axis-cylinders of their own cells, to be further transmitted to other cells. According to this doctrine the nerve-cell would be physiologically unipolar. To denote this close contact existing between the axis-cylinder and dendrons of various cells, Foster has used the term "synapsis."

The nerve-cells of the gray matter are of various sizes and shapes, the branched, stellate, or multipolar form being predominant. Some are more or less bipolar or spindle-shaped; however, at each extremity there is usually a fine plexus of branches. Some are ovoid or pyriform, as in the cortex of the cerebellum, where they have received the name of cells of Purkinje. The cells of the ganglia of the spinal nerves are, in great part, unipolar.

The *dimensions* of the nerve-cells are very variable; the smallest are about $^1/_{4000}$ inch in diameter, the cells of the posterior horns of the spinal cord are from $^1/_{2500}$ to $^1/_{1200}$ inch, and the giant cells of the anterior horns of the spinal cord are about $^1/_{250}$ inch in diameter.

By employing Golgi's silver-nitrate method of staining, the nerve-cells, with their processes, are stained black from a deposition of the silver. By reason of this, the nerve-prolongations may be traced to their ultimate terminations. This method beautifully demonstrates the distribution of the dendrites, their branching, and manner of contact with dendrites of contiguous cells; also, how, as a rule, the neuraxon does no very immediate branching. It must be stated, though, that there usually proceed from the neuraxon numerous fine fibrils to which the term *collaterals* is applied. These are in communication with the dendrites of neighboring cells. The neuraxon in nerve-centers after proceeding for some distance does really branch to form arborizations to come into contact with nerve-dendrites.

THE NERVE-FIBERS.—Every nerve-fiber is a process of a nerve-cell. It is the neuraxon of some particular cell. It is the medium which conducts impulses to or from the tissues and organs, on the one hand, and the nerve-centers, on the other. In the majority of cells the neuraxon acquires a sheath to be thus converted into a medullated nerve-fiber. Thus, there are two kinds of nerve-fibers: *medullated,* or those with myelin; and *nonmedullated,* or those without myelin.

Medullated Fibers in the fresh condition are bright, glistening cylinders showing a dark, double contour. The essential part of it is the *axis-cylinder.* This is a soft, transparent rod, or thread, which runs from one end of the fiber to the other. It does not anastomose with its neighbors, and in the average nerve is about $^1/_{1200}$ inch in diameter. After the employment of certain reagents the axis-cylinder shows itself to be composed of very fine, homogeneous or more or less beaded fibrillæ. The latter are the *elementary,* or *primitive, fibrillæ.* They are held together by a small amount of a faintly granular, interstitial substance. The thickness of the axis-cylinder is in direct proportion to the thickness of the whole nerve-fiber. The axis-cylinder is enveloped in its own, more or less elastic, hyaline sheath.

The axis-cylinder is not regularly cylindrical, but is slightly narrowed in places. Under the influence of silver nitrate applied to its surface there appear alternate obscure and clear transverse striæ. They are the so-called lines of Frommann.

Myelin.—Surrounding the axis-cylinder is the myelin, *medullary sheath,* or the *white substance of Schwann.* It is a layer of fatty substance, strongly refracting, and of homogeneous aspect. It is colored black by osmic acid. It is the myelin which gives to the nerve its double contour. It is *composed* of a network of fibrils of a chemical substance called *neurokeratin,* which incloses the semifluid, fatty substance. The latter contains, among other substances, a complex, phosphorized fat.

The sheath of myelin envelops the axis-cylinder everywhere, except at its termination and at the nodes of Ranvier.

In its *arrangement* the myelin is imbricated in the fashion of tiles on a roof by reason of a series of segments one above the other. They are separated one from the other by clear lines. The lines are known as the *incisures* of *Lantermann,* and the *segments* as those of *Schmidt.*

Neurilemma.—The *neurilemma,* or *sheath* of *Schwann,* surrounds the medullary sheath to form the outer boundary of the nerve-fiber. It is a thin, elastic, very delicate, hyaline, and transparent membrane. It is comparable to the cell-wall of a cell. Between the neurilemma and medullary sheath there are irregularly scattered ovoid nuclei. They are the *nerve-corpuscles,* and are analogous to the muscle-corpuscles previously mentioned. Each nerve-corpuscle is surrounded by a thin zone of protoplasm.

Between the myelin layer and the neurilemma is a thin zone of protoplasm. When this arrives at the level of the annular constrictions it is reflected upon itself to line the internal surface of the

myelin layer. The protoplasm is also insinuated into the incisures of Lantermann and decomposes the layer of myelin into the superposed segments of Schmidt.

Nodes of Ranvier.—At intervals of about one millimeter along the course of the nerve there appear constrictions: the nodes of Ranvier. At these points the myelin sheath is interrupted so that the neurilemma appears to do the constricting. That portion of the nerve-fiber between any two constrictions is termed an *internodal segment.* At about the center of each internodal segment is located one, sometimes more, nerve-corpuscles.

Such is the composition of a medullated nerve-fiber. This type of nerve is found chiefly in the white matter of the nerve-centers and in the cerebro-spinal nerves, with the exception of the olfactory nerve.

NONMEDULLATED NERVE-FIBERS.—They occur especially in the sympathetic system, but are also present in the cerebro-spinal nerves to a slight extent.

Each fiber *consists* of a bundle of fibrils—*primitive fibrils*—which are inclosed in a delicate, transparent, and elastic sheath. The fibrils are very delicate and somewhat flattened. Here and there along the course of the fibrils will be found oval nuclei. These latter lie between the axis-cylinders and their enveloping neurilemma. As these fibrils contain no myelin, they are not blackened by osmic acid. This allows of a differentiation between medullated and nonmedullated nerves when examining the nerve-supply of a tissue.

NERVE-TRUNKS consist of bundles of nerve-fibers. Each bundle, of course, contains a greater or less number of fibrils. Several bundles are held together by a common connective-tissue sheath: the *epineurium.* Delicate fibrils lie between the nerve-fibers to constitute the *endoneurium.* The larger blood- and lymph- vessels lie in the epineurium; the few capillaries of the nerve-fibers lie supported in the endoneurium.

Termination of the Nerve.—After a certain course in the trunk of the nerve the nerve-fiber divides at the periphery into a terminal plaque, the motor plaque of muscles; or into a sense-cell, as in the retinal cells or organ of Corti; or into a sense-corpuscle, as a tactile corpuscle; or into numerous fibrils which anastomose to form a terminal plexus, as in the cornea.

NONMEDULLATED FIBERS—that is, those that are naked, pale or gray, and reduced to an axis-cylinder and sheath—branch and form networks: their peripheral terminations. This mode of termination occurs in the nerve-fibers of common sensation, as in many of the

nerve-fibers of the skin, cornea, and mucous membrane. In all of these cases the peripheral termination fibrils are intra-epithelial: that is, they are situated in the epithelial portions of cornea, mucous membrane, etc.

Neuroglia.—In the gray, as well as in the white, substance of the nerve-centers there exists between the cells and nerve-fibers an intervening substance which has been termed neuroglia. It must not be confounded with the true connective-tissue along the course of the blood-vessels in the nerve-centers. Its chemical nature is wholly different from the latter, which is always derived from the mesoblast. Ranvier has shown that neuroglia is derived from the primitive neuroblast or epiblast.

Neuroglia sometimes presents itself in the shape of very fine filaments assembled in a very close network, as in the gray substance. Sometimes, again, it is seen under the aspect of reticulated plates bounding the space in which the nerve-fibers pass. This is beautifully demonstrated in the white substance of the columns of the spinal cord.

Elsewhere the neuroglia is found to be a homogeneous, gelatiniform substance, as in the ependyma of the spinal cord or in the gelatinous substance of Rolando in the postero-lateral groove of the same structure.

Besides the fibers and plates already mentioned, neuroglia contains cells. These are star-shaped, flat, and nucleated. They have numerous prolongations. By the aid of these prolongations the cells of the neuroglia are freely in contact with one another to form a very complicated network. This incloses in its meshes the nerve-elements.

Neuroglia enjoys the rôle of a true cement which unites all of the fibers and nerve-cells.

Classification of Nerve-cells.—According to Schafer, nerve-cells are broadly classified into: "1. *Afferent cells,* which receive impressions at the periphery to convert them into impulses. The latter then pass toward the central nervous system. 2. *Efferent cells,* which send out nervous impressions toward the periphery. 3. *Intermediary cells,* which receive impressions from afferent cells to transmit them directly or indirectly to efferent cells. 4. *Distributing cells,* which occur near the periphery, and, receiving impulses from efferent cells, distribute them to involuntary muscles and secreting cells. The cells of this class belong to the so-called sympathetic system.

"The afferent and efferent cells are known as *root-cells.* The greater number of the nerve-cells of the brain and cord belong to the intermediate class. They serve the purposes of association and co-

ordination and afford a physical basis for psychical phenomena." Efferent fibers are also called *cellulifugal.* Afferent fibers are also called *cellulipetal.*

Structure of the Gray Substance.—The gray matter is formed (1) of nerve-cells, (2) of neuroglia-cells, (3) of fibril elements representing the prolongations of nerve- and neuroglia- cells, (4) of an intervening network formed by the branching fibrils, and (5) of blood-vessels. Elements 1, 2, and 3 (here enumerated) of the structure have been treated previously in detail.

The blood-vessels penetrate the gray substance, and are surrounded with a layer of connective tissue coming from the pia mater, which they have received in their passage along and through this membrane. The connective tissue forms sheaths around the capillary network, arterioles, and little veins, in which the vessels seem to float. These have been termed the *perivascular sheaths* of *His.* Between them and the vessels exists a lymph-space: one of the origins of the lymphatics.

White-Substance Formation.—The white matter is formed by the bundles of white fibers covered by a lamellar investment of neuroglia. These bundles are separated from one another by tracts of connective tissue detached from the pia mater.

Axis-cylinders are also found, which come from the gray matter. Blood-vessels anastomose and run in a course parallel with the nerve-fibers. This circulatory network likewise has a perivascular sheath as has that in the gray substance.

Chemical Properties of Nervous Substance.—The following table of Landois gives the percentage of the various components of both gray and white matters:—

Chemical Composition of	Gray Matter.	White Matter.
Water	81.6 per cent.	68.4 per cent.
Solids	18.4 "	31.6 "
The solids consist of :—		
Proteids (globulins)	55.4 per cent.	24.7 per cent.
Lecithin	17.2 "	9.9 "
Cholesterin and fats	18.7 "	52.1 "
Cerebrin	0.5 "	9.5 "
Substances insoluble in ether	6.7 "	3.3 "
Salts	1.5 "	0.5 "

In 100 parts of *ash,* Breed found *potash, 32;* soda, 11; magnesia, 2; lime, 0.7; NaCl, 5; iron phosphate, 1.2; fixed phosphoric acid, 39; sulphuric acid, 0.1; and silicic acid, 0.4.

PROTEIDS occur chiefly as albumin. They are found in the axis-cylinder and in the substance of the nerve-cells. Halliburton finds that the proteids exist as globulins and nucleo-proteids. Nuclein occurs especially in gray matter because of the presence there of its units: the nerve-cells. *Neurokeratin* is a body which contains a relatively large amount of *sulphur.* It occurs in the corneous sheath of nerve-fibers. In the sheath of Schwann is found a substance which is very similar to elastin. From the connective tissue of nerves may be obtained *gelatin.*

FATS AND OTHER SUBSTANCES SOLUBLE IN ETHER are found more particularly in the white matter.

CEREBRIN is a white powder composed of spherical granules. These are soluble in hot alcohol and ether, but are insoluble in cold water.

Haitai has shown that lecithin, when administered to white rats, caused a gain of 60 per cent. in body-weight compared with the normal animal. Hence lecithin is a stimulant of normal growth.

LECITHIN consists of glycerin, two of the hydroxyl radicles of which are combined with a fatty acid and the third one with phosphoric acid, and this latter is combined with a body called cholin. Cerebrin is a nitrogenized body and yields on hydration with an acid a carbohydrate which has been identified as galactose. Cerebrin and lecithin when combined form a body called protagon. Halliburton has found cholin in the cerebro-spinal fluid and in the blood in inflammations of the nervous system.

REACTION.—When passive, nerve-tissue is neutral or feebly alkaline. When active or dead it is said to be acid.

It is found that after death nerves have a more solid consistence. Probably some coagulation occurs which is to be compared to the stiffening of muscle. Simultaneously there is generated and liberated a free acid.

Mechanical Properties.—A remarkable property of nerve-fibers is the absence of elastic tension according to the varying positions of the body. Divided nerves do not retract.

The *cohesion* of a nerve is an important property. Oftentimes when a limb is forcibly torn from the body the nerve still remains intact (though considerably stretched), while the other soft tissues are completely severed. The sciatic nerve at the level of the popliteal

space requires a force equal to one hundred and ten or one hundred and twelve pounds to rupture it; the median or ulnar require forces equal to forty or fifty pounds. The latter nerves will stretch six to eight inches before the point of rupture is reached. It is upon the knowledge of this fact that the method of nerve-stretching is employed in some forms of neuralgia.

Nerve-metabolism.—Some extractives are obtained which are believed to be decomposition products of the nerve.

The Nerve-centers.—The nerve-fibers and nerve-cells comprise the essentials from which the nerve-centers are formed; the elements must, of course, be held together by enveloping neuroglia. The term *center* is merely applied to an aggregation of nerve-cells which are so related to one another as to subserve a certain function. These cells give off numerous processes whereby they are brought into direct communication with one another as well as other parts of the body. These masses thus form structural integrations which perform corresponding integral functions. If at any time the structure suffers, the function must of necessity suffer also.

The nerve-centers comprise the spinal cord, medulla oblongata, pons Varolii, cerebrum, and cerebellum.

Common Properties.—There are certain properties which all nerve-centers seem to possess in common and which are of interest to the student:—

1. They all contain *nerve-cells.* These are the real centers of activity. They both originate and conduct impulses. Nerve-fibers are almost exclusively conductors.

2. Nerve-centers are capable of discharging *reflexes.* They are motor, secretory, and inhibitory reflexes.

3. They are the seat of *automatic excitement* when phenomena are manifested without the application of any *apparent* external stimulus.

4. The nerve-centers are *trophic centers* for both their nerves and the tissues supplied by them.

THE SPINAL CORD.

Structure of the Spinal Cord.

"The key to the study of the central nervous system is to remember that it begins as an involution of the epiblast. It is originally tubular with a central canal whose brain-end is dilated into ventricles. In the spinal cord there are three concentrated parts: First, the

columnar, ciliated epithelium; outside of this is the central gray tube; and, covering all, the outer white, conducting fibers." (Hill.)

The spinal cord is that portion of the cerebro-spinal axis which is inclosed within the vertebral canal. It extends in the form of a large, cylindrical cord from the upper level of the atlas to the first or second lumbar vertebra. Above it is continuous with the medulla oblongata. Below it becomes conical, to terminate finally in a slender filament: the *filum terminale.* It is attached to the base of the coccyx. The filum terminale passes through and is partly concealed by the conical extremity of the spinal cord. The cone is a mass of nerve-roots which, from its striking resemblance to a horse's tail, has been termed the *cauda equina.*

The average length of the spinal cord is *eighteen inches.* In the fœtus the cord extends the whole length of the vertebral canal. The difference in relative length of the cord in the fœtus and in the adult is due to the unequal and more rapid growth of the spinal canal than the cord. The cord thus *seems* to ascend in its canal. Instead of the spinal nerves of the lower portion of the cord leaving their points of emergence horizontally, they sweep down like the hairs in the tail of a horse to form the aforementioned cauda equina.

Coverings.—Not only is the cord protected by the spinal canal in which it is suspended, but in addition is enveloped by a triple membranous container. The cord does not more than half fill the lumen of the spinal canal. It is suspended in this cavity surrounded by an aqueous medium: the *cerebro-spinal fluid.*

The investing membranes have been termed, from within outward, *pia mater, arachnoid,* and *dura mater.* They form a sheath, or *theca,* which is considerably larger than the cord. It is separated from the bony wall of the spinal canal by venous plexuses and loose areolar tissue.

The *pia mater* is a very delicate covering which is closely adherent to the cord. It sends numerous septa into the substance of the cord as well as into its anterior and posterior median fissures. It is composed of blood-vessels and connective tissue.

The *arachnoid* (spider's web) is, as its names implies, a very delicate, reticular membrane. It is nonvascular. Hanging like a curtain between the innermost and outermost membranes, it forms two spaces which are termed *subdural* and *subarachnoid.*

The outermost and toughest membrane is the *dura mater.* It is a very dense sheath and lies indirectly in contact with the canal-wall. However, unlike the dura of the brain, it does *not* form the periosteum

for the portions of the vertebræ constituting the walls of the spinal canal.

Diameter of the Cord.—The volume of the cord is not the same throughout its whole extent. Although of a mean diameter of *half an inch,* yet it presents two decided enlargements.

The one enlargement is at the level of the inferior portion of the cervical region; the other at the lower portion of the dorsal region. The first one is the cervical enlargement from which emerge the nerves of the upper extremities. The name *brachial enlargement* has been given to it.

From the lower enlargement arise the nerves which proceed to the lower extremities. It is known as the *lumbar enlargement.* At the site of each enlargement the cord loses its cylindrical form to become somewhat flattened from before backward.

The formation of the enlargements is in intimate relation with the development of the members. In fishes, which have only rudimentary members, the cord is of uniform diameter throughout. In steelworkers the cervical swelling is considerable.

The *weight* of the cord is about *one and one-fourth ounces;* it is equal to about *one-fortieth* of the weight of the brain.

The *suspension* of the spinal cord within the canal is maintained antero-posteriorly by irregular fibrous tracts which form the *ligamentum denticulatum.* Laterally the roots of the spinal cord give support; below the filum terminale fastens it to the coccyx; above its continuation as the medulla furnishes the most important support.

Exterior Form of the Cord.—Externally the cord has two longitudinal median grooves: one anterior, the other posterior. They traverse the entire length of the cord to divide it into two halves which are usually perfectly symmetrical. The origins of the spinal nerves are situated upon each side of these two parallel, longitudinal lines.

The *anterior median groove* divides the anterior surface of the cord into two perfectly equal parts. It extends from the decussation of the pyramids to the caudal extremity of the cord. In depth it occupies nearly a third of the thickness of this organ. In this groove is folded a layer of pia mater; at its base is seen a layer which passes from one-half of the cord to the other—the *white,* or *anterior, commissure.*

The *posterior median fissure,* deeper and more narrow than the anterior, extends from the nib of the calamus scriptorius to the termination of the spinal cord. Into this groove the pia mater sends but

a simple partition; but it is very adherent to the walls of the groove. The depth of the fissure is bounded by a commissure analogous to that which is furnished to the anterior median groove, but of a gray color. This is the *gray*, or *posterior, commissure.*

Upon each side of the cord are seen two lateral grooves which represent the lines of implantation of the anterior and posterior roots. They are known as the *antero-* and *postero- lateral grooves.* The latter is the more apparent of the two, showing itself in the form of a dotted, longitudinal line.

The antero-lateral groove corresponds to the line of insertion of the anterior roots of the spinal nerves. The two lateral grooves may be regarded as purely artificial: seen only after the spinal nerves are torn from the cord.

By virtue of the median and lateral fissures the cord is divided into columns, paired and symmetrical. The portion comprised between the anterior median and the antero-lateral fissures is known as the *anterior column.* That portion between the two lateral fissures bears the name of *lateral column.* That part between the postero-lateral and posterior median groove is the *posterior column.*

Anatomy and physiology demonstrate that the separation of the anterior from the lateral column is not complete; hence it is customary to reunite these two columns under the name of antero-lateral columns.

Internal Conformation of the Spinal Cord.—The texture of the cord is best studied by means of transverse section. These sections show that the cord is composed throughout its whole extent of two substances: one, the *cortical, white substance;* and the other, the *central, gray substance.*

The *white* substance is located peripherally and covers all of the gray substance except at the base of the posterior median groove. It forms the columns which have just been pointed out.

The *gray* substance forms in each half of the cord a longitudinal column whose transverse section appears in the form of a crescent with its concavity directed externally. The crescent terminates in two swollen extremities, the anterior one having the name of *anterior horn;* the posterior one, that of the *posterior horn.*

The two crescents are bound to one another at their convexity by the aid of a transverse band of gray substance, the gray commissure. This band is pierced centrally by a canal, the *central canal of the cord.* It runs down the central axis of the cord and is accompanied on each side by a vein, the *central veins of the cord.* In all sections the gray

matter is vaguely represented by the letter H; perhaps better by the two wings of a butterfly united by a transverse bar. The column of gray matter is not exactly of the same form in its whole length. It is thicker in the cervical and lumbar regions than in the thoracic. The white matter is likewise thicker at the level of the cervico-dorsal and lumbar enlargements. At the level of the cauda equina the white substance forms but an enveloping layer for the gray matter.

In the cervical and lumbar regions the anterior cornua are remarkable for their volume; toward the dorso-lumbar enlargements the posterior cornua increase in size. The anterior cornu of the crescent is swollen. The posterior is more slender and reaches to the surface of the cord. Each cornu possesses a swelling (head) and a somewhat restricted portion (cervix).

The head of the posterior cornu is remarkable in that it is capped with a layer of neuroglia to which has been given the name of *gelatinous substance of Rolando.* It is nearly amorphous, and, in section, gives an appearance very similar to the small letter u. The substantia contains a few neuroglia cells, with some fusiform nerve-cells along its margin.

In the inferior cervical and superior thoracic region the most lateral portion of the anterior cornu is shaped in a special fashion so as to constitute a particular prolongation. This is known as the lateral cornu, or *intermedio-lateral column.* The cells of this column are arranged in groups of from eight to twelve bipolar cells whose long axes are vertical or more or less oblique. It is believed that these give origin to those fine medullated fibers which form the splanchnic efferent fibers.

On examination of sections it is seen that the anterior cornua do not reach to the surface of the cord. Hence that portion of the white substance which surrounds the anterior cornua reaches from the anterior median groove to the posterior cornua. It seems to form a homogeneous column: the *antero-lateral column.*

In the rear, on the contrary, the posterior cornua sharply separate the preceding to form *posterior columns.* They lie between the posterior median groove and the posterior cornua. In the cervical region the posterior column is sharply divided into two secondary columns by the posterior intermediate groove. These are the *columns* of *Goll* (next to the posterior median groove) and *Burdach* (in apposition with the posterior cornu).

From measurements by Stilling it seems that the cervical swelling results from a localization of superdevelopment of both the gray

and the white matter of the cord. The lumbar enlargement is almost exclusively formed by a localized superdevelopment of gray substance. This is readily explained by the constitution of the columns themselves. Excepting the fibers forming the roots of the spinal nerves, the columns of white matter are formed of *descending*, or *motor*, and *ascending*, or *sensory, fibers*. The motor bundle successively gives off fibers to the motor roots of the spinal nerves to such a degree that in their descent their volume proportionately diminishes.

The sensory, or ascending, bundle, receiving fibers from each posterior root which comes from a sensory nerve, enlarges as it ascends. Hence it results that at the level of the lumbar enlargement the bundles are at a minimum, the ascending bundle just commencing, while the descending bundle is nearly spent.

Minute Constitution of the Cord.—The spinal cord is composed of fibers, nerve-cells, neuroglia, and blood-vessels. In the white substance there are found only nerve-fibers and neuroglia; in the gray substance, nerve-cells and fibers plunged in a stroma of neuroglia.

WHITE SUBSTANCE.—The white matter is composed principally of *medullated fibers* without the sheath of Schwann. The fibers in the white substance are, for the most part, arranged longitudinally; those which pass to the nerve-roots, as well as those fibers which proceed from the gray matter into the columns, possess an oblique course. In addition there are decussating fibers in the white commissure.

On cross-section the fibers (which are of different sizes) present the appearance of small circles with a rounded dark spot in their centers. This latter represents the axis-cylinder of the fiber.

The diameter of the fibers varies from $^1/_{5000}$ to $^1/_{1200}$ inch in diameter. The most voluminous are the motor parts of the anterolateral column and direct cerebellar tract; the finest are in the posterior median column.

Classification.—The fibers of the cord are classified into two great classes: *intrinsic* and *extrinsic*.

Intrinsic.—This class of fibers originates in and terminates in the cord, thereby uniting the levels of gray matter. Fixed by their lower extremity upon a given point of gray substance, they follow an ascending course, to become lost by their extremity in a more or less elevated part of the gray column. Thus they are fibers of union or association for the purpose of establishing communication between the different levels of the gray substance of the cord.

Extrinsic.—These fibers in the gray matter proceed to the ganglia of the brain after having traversed the medulla oblongata,

pons, and crura. They unite the cells of the gray substance of the spinal cord to the upper nerve-centers. They are long and gradually diminish in number from the top to the bottom of the cord.

Degeneration occupies their whole extent. Some are *centripetal* and undergo an ascending degeneration. They are contained in the column of Goll, the direct cerebellar bundle, and Gowers's tract. The others are *centrifugal* fibers, and undergo a descending degeneration. They are localized in the crossed pyramidal and bundle of Türck. They are the last ones to appear in the fœtus.

The roots of the nerves arrive at the central gray substance and plunge into it after having passed between the fibers of the peripheral white substance. But few of them take part in the constitution of the cortical white matter.

Neuroglia.—In addition to the fibers just discussed the white matter of the cord contains neuroglia. From the neuroglia project extremely fine prolongations. These penetrate the cord to form within its thickness an infinity of partitions of extreme thickness. These are united to the adventitious tissue of the vessels and to the tissue which serves as a basement membrane to the epithelium of the ependyma. Thus there is formed (on transverse section) a polygonal network which isolates little colonies of nerve elements one from the other. This sort of framework has been compared to a sponge in whose interstices are found the fibers and cells of the cord.

Neuroglia does not belong to the category of connective tissues. It is a special formation which is derived from the primitive epiblast. In the central gray substance the neuroglia does not seem any more than amorphous matter with some few cellular elements. The gelatinous substance of Rolando is composed of abundant neuroglia in the form of amorphous matter. The only connective tissue present in the cord is carried in by the blood-vessels.

Gray Matter of the Cord.—The gray substance of the cord is composed of *neuroglia, fibrils,* and *nerve-cells.*

The *cells* of the cord are formed by a small mass of protoplasm in which is plunged a nucleus surrounded by pigment-granules. These cells, whose volume varies with the groups, have a certain number of prolongations.

Cell-arrangement.—The cells of the cord are not disseminated in the gray substance in a disorderly way. They are grouped at certain points to form nuclei—nuclei of nerves; these are situated one above the other in a fashion to form columns parallel with the long axis of the cord.

There are distinguished three groups in the *anterior horns:* an *interior internal group,* an *anterior external group,* and a *posterior external group.*

In the *posterior horns* the cells are fewer in number; it is only at the internal part of the neck of these horns that there is found a grouping. It is known as the *dorsal nucleus* of Stilling or the *vesicular column* of Clarke. The ganglionic cells of the anterior horns are very large, star-shaped, and from $^1/_{350}$ to $^1/_{200}$ inch in diameter. That is, they are nearly large enough to be visible to the naked eye.

Degeneration.—The nuclei of origin of the anterior roots are seized with degeneration in the various forms of muscular atrophy. The cells, by reason of their function, are known as *motor cells.* They are motors for the muscles to which their nerves go, and trophic for the same nerves and muscles. Progressive muscular atrophy is anatomically characterized by a general atrophy of the motor cells of the anterior horns of the cord. Children's palsy is also characterized by an inflammation of these cells.

The cells of the posterior horns, irregularly distributed in the neuroglia, are fewer in number and smaller in size than are those of the anterior horns. Their diameters average about $^1/_{1200}$ inch.

Anatomically, the column of Clarke exists only from the second lumbar to the eighth dorsal pair of nerves. However, there are small erratic groups of cells and two restiform nuclei at the level of the medulla which are analogous to the two columns of Clarke. The cells of the column of Clarke are very large, star-shaped, and only very meagerly branched.

The *intermedio-lateral gray column* is in the outermost portion of gray matter, midway between the anterior and posterior horns. It lies in what is known as the lateral horn. It is the *spinal origin* of the *great sympathetic.* The greater part of the posterior root-fibers are said to end in these columns. From this as a source fibers pass into the column of Goll and the direct cerebellar tract; other fibers pass into the columns of Burdach and Gowers.

To the degenerative changes within the cells of the column of Clarke have been attributed the vasomotor troubles of paralysis agitans. Sclerosis of the lateral columns explains the exaggerated trembling in the reflexes.

The fibers of the cells of the gray matter form a spongy substance which unites the two halves of the gray axis of the cord to one another. This, the *gray commissure,* passes in front of and behind the central canal of the cord.

Neuroglia.—The neuroglia of the gray matter has a structure analogous to that of the neuroglia of the white substance of the cord. It is found in particular abundance at the extremity of the posterior horns (gelatinous substance of Rolando) and at the periphery of the central canal.

The Central Canal.—This is a canal of very fine caliber located within the center of the gray commissure. It traverses the entire length of the cord and, at the level of the nib of the calamus scriptorius, is continuous with the fourth ventricle; by means of the latter it communicates with the ventricles of the brain.

The *wall* of this canal, known as the *ependyma,* is composed—from within outward—of: (1) a ciliated epithelium, (2) an amorphous basal membrane, and (3) a substratum of neuroglia which unites the wall of the canal to the body of the cord. The canal is flanked on each side by a *longitudinal vein;* the two constitute the *central veins.*

Systemization in the Spinal Cord.—The spinal cord may be considered as formed of a series of segments superposed. They are metameres corresponding to each pair of spinal nerves. Each one of these is a complete center, being supplied with nerve-cells and motor and sensory nerves. Each one is different from its neighbor, since it innervates a particular area of the surface of the body, whether it be tactile surface or muscular group.

The nerve-cells are grouped in motor and sensory fields. They are all in perfect communication with one another by reason of numerous fibers; some are longitudinal *(longitudinal commissures)* which unite the various levels of the cord; others are transverse *(transverse commissures)* whose function seems to be to unite the cells of the right side to those of the left side of each segment. The transverse commissures are but from one to three centimeters in extent.

In addition to the spinal commissures just mentioned, there are two other kinds formed by the long fibers uniting the spinal cord either to the cerebrum or cerebellum. They are known as the *cerebro-spinal* and *cerebello-spinal fibers.*

Experimental physiology, pathological anatomy, and embryology all agree very admirably in demonstrating that the apparently homogeneous cord is composed of distinct and specialized parts. These parts are called systems, which, in the white substance, form secondary columns, or bundles.

White Columns of the Cord.

Flechsig ascertained that in the fœtus the different bundles of nerve-fibers did not all take on myelin layers at the same time. By taking advantage of this fact he was able to trace the bundles of fibers with myelin and thus map out the different tracts of the spinal cord and brain. Gudden extirpated an organ of sense and after waiting a sufficient length of time was able to trace the course of the atrophied nerve-fibers.

The nerve-fibers of the cord enveloping the central gray axis are distributed in different bundles or columns. These have previously been mentioned cursorily, but will now be discussed in detail.

Anterior Column.—The anterior column comprises that area between the anterior median groove and the line of implantation of the

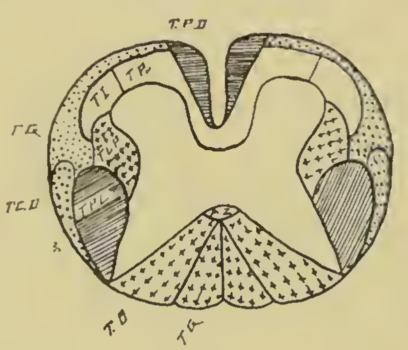

Fig. 100.—Transverse Section of the Spinal Cord.

T. B., Burdach's tract. *T. G.*, Goll's tract. *T. P. C.*, Crossed pyramidal tract. *T. C. D.*, Direct cerebellar tract. *T. G.*, Gowers's tract. *T. P. D.*, Direct pyramidal tract, or Türck's. *T. L. P.*, Deep lateral tract. Straight lines are motor tracts. Little crosses are sensory tracts. Dotted spaces are cerebellar tracts. *T. I.*, *T. R.*, Root tracts.

anterior roots of the spinal nerves. Its most internal fibers are commissural; they cross throughout the whole extent of the cord and so contribute in the formation of the white commissure. Other fibers run across at the same level to connect the large cells of the anterior horns of the two halves of the spinal cord.

The anterior column comprehends two bundles: one, internal (next to the median groove), is known as *Türck's bundle,* or *direct pyramidal bundle;* the other, external, comprises the remainder of the anterior column and is known as the *root-bundle* of the *anterior column,* or *antero-lateral ground-bundle.*

The bundle of Türck (pyramidal bundle, direct cerebral, direct motor) is formed of centrifugal fibers which descend from the brain into the cord without decussating at the level of the medulla ob-

longata. Its fibers are longitudinal and travel along and through the brain, the anterior pyramid of the medulla, and the same side of the corresponding half of the spinal cord. Yet, having arrived in the cord, *some* of its fibers *cross* to the opposite side along the path of the white commissure. They finally terminate in the cells of the anterior cornua. This bundle usually terminates about the second lumbar nerve. It undergoes descending degeneration.

The *antero-lateral ground-bundle* (root-bundle of the anterior column) occupies the territory between the preceding and the antero-lateral groove. It is formed in part by the anterior roots which descend in a certain course within its interior; but especially by the more or less long, longitudinal fibers. The latter unite between themselves the successive levels of the anterior horns. It is thus in part a system of longitudinal commissural fibers.

Lateral Column.—The lateral column is bounded between the line of implantation of the anterior roots and the line of insertion of the posterior roots. It is formed of fibers which are larger on the surface and much finer in the depths.

This column comprises *five different* systems of bundles. They are: (1) the *direct cerebellar;* (2) the *bundle* of *Gowers,* or *ascending antero-lateral cerebellar tract;* (3) the *crossed pyramidal tract;* (4) *tract* of *Loewenthal,* or *descending antero-lateral cerebellar tract;* (5) *deep lateral,* or *lateral marginal, zone.*

The *direct cerebellar bundle,* or *tract,* is situated at the posterior and superficial part of the lateral column in the form of a very thin band. It extends from the second lumbar upward to the restiform bodies, into the vermis of the cerebellum. It is formed of a collection of centripetal fibers which unite the cerebellum to different levels of the vesicular column of Clarke. It develops ascending degeneration. About the cells of Clarke arborize the collaterals of the posterior root so that there is an indirect communication between the posterior roots and the cerebellum.

The *bundle of Gowers,* or ascending antero-lateral tract, occupies the anterior superficial zone of the lateral column. This bundle commences at its inferior part in the lumbar swelling, increasing in size as it ascends by two orders of roots, some fine, others large. It terminates by its fine fibers in the lateral nucleus of the medulla; by its larger fibers in the cerebellum by way of the superior peduncle. This tract undergoes ascending degeneration.

The *crossed pyramidal tract* (motor tract or cerebral crossed tract) is situated inside the cerebellar tract. The term has been

applied to that which is contained within the pyramids of the medulla, and which decussates at this level with the opposite tract. It decreases in volume from above downward to terminate in from the second to the fourth lumbar pair.

It is composed of long, centrifugal fibers which unite the motor regions of the cortex of the brain with the motor cells of the anterior horns of the cord. It undergoes descending degeneration as the result of lesions which seize the cortex, internal capsule, or cerebral peduncle.

A lesion of the pyramidal tract in the cord produces hemiplegia or monoplegia below the lesion and on the same side. Its degeneration, as a result of lesion of the brain, gives place to a crossed hemiplegia, whose clinical mark is a spasmodic contracture.

It is well to remember that there is a double decussation of the motor fibers: one at the level of the neck of the medulla oblongata, the other much lower—the length of the white commissure. From this the student can comprehend why in the majority of hemiplegias the nonparalyzed member has, nevertheless, lost its muscular energy; also why a unilateral cerebral lesion is able to cause permanent contracture of the two inferior members or an exaggeration of the reflexes of the side not paralyzed.

The bundle of Loewenthal and Marchi, or antero-lateral descending cerebellar tract, comes from the cerebellum of the same side by the inferior cerebellar peduncle. The fibers form an extensive circumferential tract in the anterior three-fourths of the antero-lateral column, spreading inward to the intermedio-lateral column of gray matter, and run down to the sacral cord, gradually decreasing in their descent. Its fibers are mingled with those of Gowers's column.

The *deep lateral tract*, lateral mixed tract, or lateral marginal zone, is molded upon the lateral concavity of the gray matter. It incloses at the same time the fibers coming from the anterior motor horns, the gray column of Clarke, and the gray intermedio-lateral column.

Posterior Columns.—The posterior columns comprise that area of the spinal cord lying between the postero-lateral groove and the posterior median groove. It is composed of fine fibers in that portion nearest the median groove, and is remarkable for its abundance of neuroglia.

This large tract is divided into two tracts: one *internal*, the other *external*.

The *internal* one, or column of Goll, is especially apparent in the upper part of the cord. Here it occurs in the form of a triangular pyramid whose base is turned toward the central gray commissure. It is formed by long commissural fibers which arch so as to unite the posterior horns. They proceed from the level of one posterior horn to that of a higher level. It incloses the posterior root-fibers which compose the major portion of it. The fibers of the column of Goll are very long, ascending from the cauda equina to the nucleus of this tract in the medulla. Its trophic centers are in the cells of the posterior horns.

The more external and cuneiform tract, *column of Burdach*, contains *short, commissural, longitudinal fibers* which have the same distribution as those of Goll, and *sensory fibers,* which also spring from the posterior horns, but do not sojourn there. Almost immediately they pass into the mixed lateral column of the same side, or, traversing the commissure, cross into the opposite tract. At the level of the medulla oblongata these fibers go to form the *lemniscus,* or *fillet,* which itself terminates in the corpora quadrigemina, optic thalami, and the sensory convolutions. In transverse section of the cord there is ascending degeneration.

The *comma tract* is composed of a few fibers in the column of Burdach. After lesions of the cord they undergo descending degeneration. These fibers originate from the descending fibers of the posterior roots.

The posterior columns, and particularly the columns of Burdach, are the seat of the sclerosis known as *tabes dorsalis,* or *locomotor ataxia.* Clinically this disease is characterized by progressive abolition of co-ordination, loss of equilibrium, paralysis of eye-muscles, loss of tendon reflexes, etc.

Tracts of Lissauer.—About the entrance of the posterior roots into the postero-lateral groove of the cord are found two small cuneiform columns. They are the *root-zones* of *Lissauer.* The one is internal, the other external. The two zones are formed by the posterior root-fibers at their entrance into the cord. They have the same properties as the posterior roots and undergo ascending degeneration under the same conditions that produce it in the latter.

Roots of Nerves.

The spinal nerves, thirty-one pairs in number, exist throughout the entire length of the cord.

The *anterior root-fibers* are composed of large nerve-tubes which lose themselves, for the most part, in the ganglionic cells of the *anterior horns* of the same or opposite sides.

The *posterior root-fibers* are composed of fine tubes. After having arisen in the intervertebral ganglia they go toward the postero-lateral groove, where they enter the cord. There are here two groups of fibers: one external, the other internal.

The *external root-fibers* penetrate into the gelatinous substance of Rolando, where they become ascending. After a more or less lengthy course they pass into the ganglionic cells of the posterior horn.

The *internal root-fibers,* which pass into the posterior column, become lost either in the cells of the posterior horn or in the vesicular column of Clarke. Some very long fibers ascend to the nuclei of Goll and Burdach in the medulla, where they terminate.

Some of the fibers traverse the posterior commissure to pass either into the anterior horn of the opposite side (and so belong to reflex motor actions) or into the posterior horn or descend in the cord as fibers of the comma tract.

Commissures of the Cord.

The *white, anterior commissure* is formed by a body of fibers which decussate upon the median line to pass into the lateral half of the cord opposite to that from which they came. It forms the major portion of the fibers of the direct pyramidal tract. This tract in its long course in the cord gives off fibers in succession which go either into the cells of the anterior horn or into the crossed pyramidal tract of the opposite side. The commissure also contains fibers which unite transversely the anterior horns of the two sides.

The *gray,* or *posterior, commissure* is likewise formed by decussations upon the median line both in front of and back of the central canal. The fibers comprising this decussation are: some of the fibers from the posterior roots on one side to terminate in the opposite posterior horn; also, fibers of the posterior horn which go into the deep lateral tract.

MEDULLA OBLONGATA.

The medulla oblongata is a continuation of the spinal cord which crowns its upper part in the form of a capital. It reaches from the cord to the pons Varolii. The medulla is an enlargement in the form of a truncated cone, a little flattened from before back-

ward. It measures an inch in length, about three-fourths in width, and about one-half inch in thickness. Commencing toward the middle part of the odontoid process, it inclines forward, to recline upon the basilar process of the occipital bone. The medulla forms with the cord an obtuse angle open in front. The back and sides of the medulla are embraced by the cerebellum. In front, the medulla is bounded anteriorly by the pons Varolii, posteriorly by a transverse

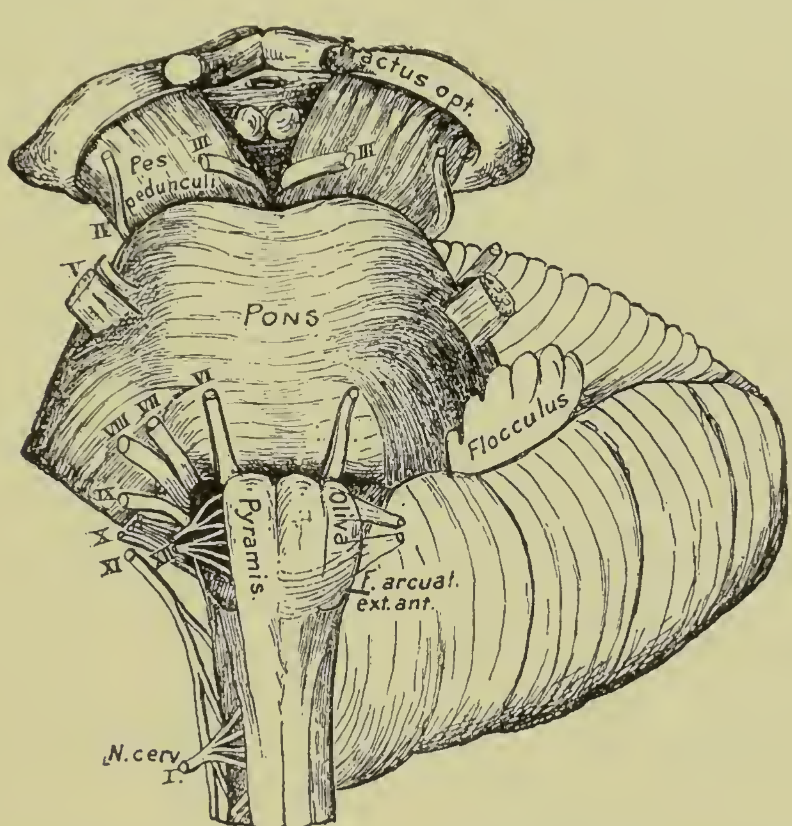

Fig. 101.—Medulla Oblongata, Pons, Cerebellum, and Pes Pedunculi. Anterior View, to Demonstrate Exits of Cranial Nerves. (Edinger.)

line which unites the lateral angles of the fourth ventricle to divide its floor into two triangles.

The anterior and posterior median fissures of the cord are continued up into the medulla. The anterior fissure becomes somewhat indistinct at one point by reason of the decussation of the bundles forming the pyramids. The posterior median fissure terminates at the lower end of the fourth ventricle. The weight of the medulla is about *one hundred grains.*

From the front and sides of the medulla arise the sixth to the twelfth cranial nerves, inclusive.

External Form of the Medulla Oblongata.—Inspection of the inferior surface of the medulla brings to view first along the median line the *anterior median groove.* This, as before mentioned, is a continuation of a similar groove belonging to the cord. In one area the crossing of the white fibers from side to side (decussation of the pyramids) renders this more shallow. At the base of the groove is seen a continuation of the white, anterior commissure of the cord. This layer unites the two pyramids of the medulla and is known as the *raphé* of *Stilling.*

Anterior Pyramids.—On each side of the median groove are located two white columns, which are slightly enlarged at their upper ends and have the appearance of clubs. These columns are the *anterior pyramids.*

Olives.—Just outside of the upper portion of the pyramids are two prominent, oval masses whose longer axes are vertical. These bodies measure about one-half inch in length and one-fourth in breadth. They are the inferior olives. They are prominences added to the medulla, and do not have any similar portions in the spinal cord. The olives are separated from the pyramid in front by a groove; in this latter is embodied the continuation of the false antero-lateral groove. In it is found the apparent origin of the hypoglossal nerve. Behind, the olives are separated from the restiform bodies by another groove: a continuation of the postero-lateral groove of the spinal cord. From it emerge the glosso-pharyngeal, vagus, and spinal accessory. At their lower edge these grooves are somewhat effaced by the white arcuate fibers of the olive; these latter ascend in the restiform bodies.

Restiform Body.—Back of the postero-lateral groove of the medulla, and therefore on its posterior surface, is found a large column of white substance: the *restiform body.* It seems to be continuous below with the posterior columns of the cord; above with the inferior peduncle of the cerebellum. These columns form part of the anterior as well as lateral aspects of this organ.

Posteriorly it is seen that the inferior third of the medulla is very different to the upper two-thirds. The inferior third is similar to the cord in that it possesses a posterior median groove continuous with that of the cord; on each side of it are two white columns. They are continuations of the posterior columns of the cord.

At the base of the groove is found the gray commissure.

In the upper two-thirds of the medulla this form is much changed. Here the posterior columns take the name of restiform

bodies, or inferior peduncles of the cerebellum. Instead of pursuing a parallel course, they diverge from one another in such a manner as to leave between them at their upper end a V-shaped surface. The surface included within this angular space comprises gray matter. It forms the lower half of the floor of the fourth ventricle. The upper, angular portion is formed by the posterior face of the pons.

The beginning of divergence of the restiform bodies presents an appearance analogous to that of a writing pen; hence its name: *calamus scriptorius*. The space between the restiform bodies presents a median groove. Above it passes over the posterior face of the pons;

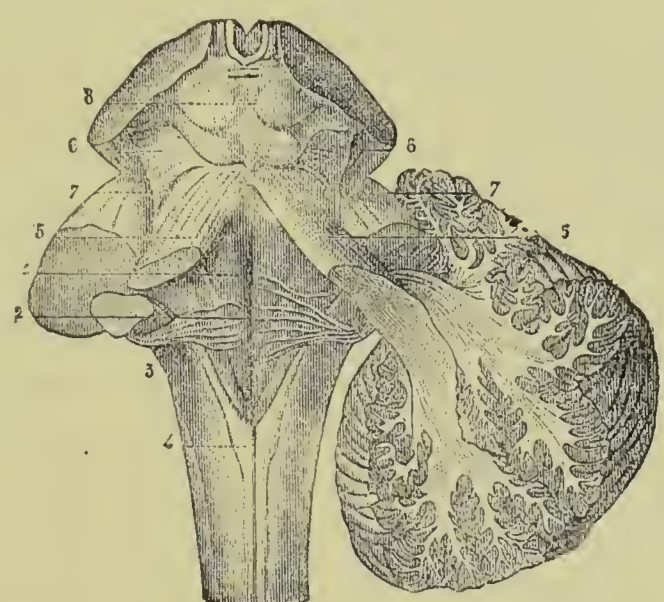

Fig. 102.—The Three Pairs of Cerebellar Peduncles. (After Hirschfeld and Leveillé.)

1, Fossa rhomboidalis. 2, Striæ acusticæ. 3, Posterior cerebellar peduncle. 5, Anterior cerebellar peduncle. 6, Fillet. 7, Middle cerebellar peduncle, or Brachium pontis. 8, Corpora quadrigemina.

below it is arrested by the point of divergence of the restiform bodies. This is known as the *groove* of the *calamus scriptorius*. From each side of this groove there proceed white transverse fibers whose direction is at right angles to that of the groove. They are known as the *barbæ* of the *calamus*, or *auditory striæ*. These fibers are the posterior roots of the auditory nerve.

The restiform bodies, which seem to form the limits of the floor of the fourth ventricle on each side of the calamus scriptorius, come up from the posterior columns of the cord. They ascend upward and outward toward the cerebellum.

The columns of Goll and Burdach of the spinal cord as they enter the lower portion of the posterior aspect of the medulla seem to be divided into several distinct tracts. Bordering upon the posterior median fissure is the *funiculus gracilis* (column of Goll). As the tract approaches the fourth ventricle it broadens out to form the expansion known as the *clava*. The two clavæ diverge to form the nib of the calamus scriptorius.

Lying external, but adjacent, to the funiculus gracilis is another tract which is a continuation of the column of Burdach. It is the *funiculus cuneatus*.

As previously stated, the upper, expanded portion of the gracilis has been termed the clava; the upper portion of the cuneatus is known as the *cuneate tubercle*. Both prominences are caused by underlying masses of gray matter.

The scriptorial half of the floor of the fourth ventricle is divided into two lateral halves by a longitudinal groove. In each half can be seen three small prominences whose general shape is somewhat triangular. The first one, a triangle of white color, is the *trigonum hypoglossi;* it covers the nucleus of origin of the hypoglossus nerve. The second one, the trigonum vagi and the continuation of the head of the anterior horn, corresponds to the nuclei of the ninth, tenth, and eleventh cranial nerves. It is the *ala cinerea*. The third eminence, the trigonum acustici, covers the nucleus of the eighth nerve.

Internal Structure of the Medulla.—The medulla oblongata, like the spinal cord, is formed of nerve-cells, nerve-fibers, and a meshwork of neuroglia. As it is a continuation of the cord, one ought to find the white columns and central axis common to the spinal cord. As a matter of fact, the constituent elements of the cord *are* found in the medulla, but their position is changed very much. The cells forming the nuclei of nerves are analogous to those of the cord, but are more isolated. They also give exit to fibrils which unite them to other cells in the opposite half of the medulla and in the brain proper, and to nerves of which they are the seat of origin. In the medulla the grouping of these nuclei is quite different to that found in the spinal cord. However, it is always the same central gray substance, but modified in its form and arrangement. The gray matter is cut here and there by white columns and their fragments.

To understand this new disposition of the gray matter it is necessary to recall that at the level of the medulla the central gray substance of the cord has been pushed backward by reason of several factors. These are: the separation of the restiform bodies, the pas-

sage outward of the posterior columns, and the formation of the rhomboid sinus. The latter is so arranged as to form the floor of the fourth ventricle. The posterior horns have become separated and are so rotated upon themselves as to be thrown outward and so placed at the external part of the fourth ventricle. The anterior cornua have their bases placed upon the floor of the fourth ventricle on each side of the median raphé.

The isolated horn of gray matter is afterward known as the *nucleus lateralis*.

Further, the crossed pyramidal tracts of fibers are carried forward, outward, and upward. By the oblique passage of these numerous white fibers through the gray matter of the anterior horn the anterior horn is broken up so that the caput is entirely separated from the remainder of the gray matter. The fibers in passing through the base of the anterior horns to decussate upon the median line with those of the opposite side give rise to the reticulated formation of Deiters and to the raphé of Stilling.

FORMATIO RETICULARIS.—The formatio reticularis is an associated system of the short fibers with nerve-cells which is to be met with at any point between the spinal cord and the optic thalamus. These fibers run at right angles to one another. It is the result of the decussation of the crossed pyramidal and arciform fibers which, in their march forward and upward, travel through the base of the anterior horns in the form of a multitude of small bundles. These arch and decussate from side to side.

Still higher up the fillet decapitates, as it were, the posterior horns. The caput comes close to the surface, where it forms the distinct projection known as the gelatinous substance of Rolando. The cervix of the cornu becomes broken up in a manner similar to that of the anterior base.

White Substance of the Medulla.—This is formed by the prolongation of the columns of the spinal cord and by an additional white mass, the olive.

WHITE COLUMNS. — The *direct pyramidal tract*, whose fibers decussate the length of the cord by traversing the white commissure, do not cross at the level of the medulla. They pass directly into this organ, to be placed in the anterior pyramid of the corresponding side. At the level of the medulla the two principal anterior columns, those of the right and left, which heretofore pursued a parallel course, now separate from the median line. They carry themselves outward and backward for a little distance, then bend inward to pursue a parallel

course again. By this course there is formed a sort of elliptical buttonhole which is inclined obliquely from bottom to top. Traversing this buttonhole are found the crossed pyramidal bundles; both are carried toward the median line, where they decussate with their similars of the opposite side to produce the pyramidal decussation. Thus, the two principal bundles of the anterior columns have become posterior in the medulla, where they are placed in the deepest part of the pyramids.

LATERAL COLUMNS. — The crossed pyramidal bundle in the medulla bends toward the median line. Here it meets its fellow of the opposite side, with which it decussates in the manner of a twist to arrive in the opposite side of the medulla. At this level, in the same pyramid of the medulla, there exist side by side the direct pyramidal column of the same side of the cord and the crossed pyramidal bundle of the opposite side. These two bundles now form one and the same group of nerve-fibers. This type of fibers forms the pyramidal, or cerebral motor, tract. Along this course descend motor messages to the voluntary muscles from the brain to the anterior horns of the cord, and then along axis-cylinders to the motor plates in muscles.

An act incited by an impulse traveling along this course is always crossed, since the left hemisphere of the brain, for example, carries the order of motor power to the right half of the spinal cord by the crossed pyramidal fibers and to the left half of the spinal cord by the direct pyramidal tract. The latter tract decussates throughout the length of the cord with its fellow of the opposite side. Thus, the result is that the decussation is total for the pyramidal tract in its complete action, and that all of the voluntary parts excited from some part of the cerebral hemisphere end in muscles of the opposite side of the body. From this the student will deduce that lesions which affect the pyramidal tract above the medulla oblongata have as their direct result a motor paralysis opposite to the lesion; in other words, a crossed hemiplegia.

POSTERIOR COLUMNS.—The columns of Goll ascend to the medulla, where they pass, without decussation, into the postpyramidal nucleus, or nucleus of Goll. By this nucleus it is carried into the cerebellum, following part of the restiform body; another part is placed in relation with the nuclei of the pons.

The column of Burdach comprises the longitudinal commissural fibers, the root-fibers of the posterior roots, and the sensory fibers issuing from the column of Clarke. The root fibers and commissural

fibers pass, without decussation, into the restiform nucleus, or nucleus of Burdach.

Parts added to the *medulla oblongata,* which are not found in the cord, are: *arcuate fibers* and *olives.*

Arcuate fibers are the curved fibers which are seen in transverse section of the medulla. By reason of their position they have been termed *superficial* and *deep*, or *external* and *internal.*

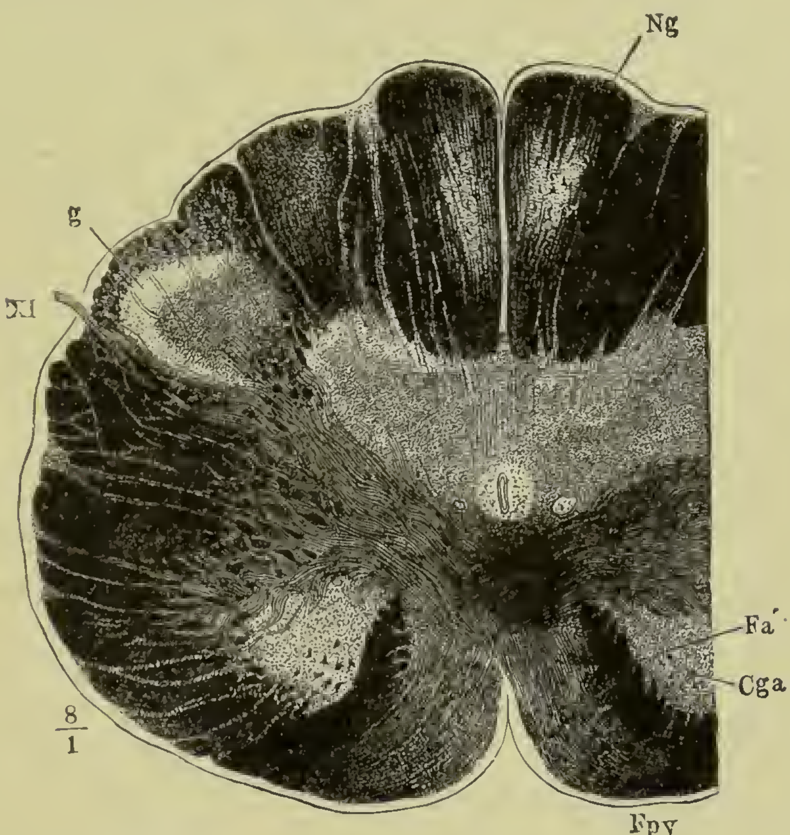

Fig. 103.—Cross-section of the Oblongata through the Decussation of the Pyramids. (After HENLE.)

Fpy, Pyramidal tract. *Cga,* Anterior horn. *Fa',* Remnant of anterior column. *Ng,* Nucleus funiculi gracilis. *g,* Substantia gelatinosa. *XI,* Nervus accessorius.

The *superficial arcuate* fibers form a more or less voluminous ribbon. They are fibers which come from the cells in Goll's and Burdach's nuclei. They proceed to the restiform body of the same side and thence to the cerebellum.

The *internal arcuate fibers* likewise proceed from the cells of the nuclei of Goll and Burdach. The hindmost fibers form the sensory decussation of the fillet. Other fibers cross the median raphé in the substance of the medulla, then to pass upward into the brain.

The *olivary body* is formed by a portion of the white cortical substance which belongs to the lateral column, by a layer of intervening gray matter folded upon itself, the corpus dentatum, in such a manner as to represent an oblong purse. This is open at its internal aspect, and is known as the *hilus* of the olive. The corpus dentatum of the olive is formed by a great quantity of small, multipolar cells. The fibers which emanate from it go to the olive of the opposite side, traversing the raphé or mounting toward the pons.

PONS VAROLII.

The pons is a mass of nervous tissue placed transversely and in the form of a half-ring. It is situated between the medulla oblongata and cerebral peduncles, which limit it below and above, respectively. The cerebellar hemispheres bound it laterally. Its weight is sixteen or seventeen grams.

For examination microscopically the pons presents six surfaces or faces.

1. The *anterior* face is free, convex, and rounded, and rests upon the basilar gutter of the occipital bone. It presents an antero-posterior median depression: the *basilar groove*. On each side of this are two parallel prominences due to the heaving up of the annular fibers by reason of the anterior pyramids which pass through it.

Upon this face are seen the transverse fibers which pass laterally to penetrate into the corresponding hemisphere of the cerebellum. They thus form a large column upon each side, known as the *middle cerebellar peduncles.*

2. The *posterior* face forms part of the floor of the fourth ventricle, and is continuous with the corresponding face of the medulla oblongata. It forms a triangle whose apex, turned upward, is placed at the level of the lower orifice of the aqueduct of Sylvius. The sides of this triangle are formed by the superior cerebellar peduncles. Upon the median line it has a groove which follows that of the calamus scriptorius. Upon each side there are two slight depressions: one known as the *superior fovea,* the other the *locus cœruleus.*

3. A *superior* face.

4. The *inferior* face is continuous with the base of the medulla oblongata. The annular fibers of the pons embrace as a half-circle the anterior pyramids of the medulla oblongata.

The two lateral faces (5 and 6) are mingled with the origin of the middle cerebellar peduncles. The peduncles sink into the hemispheres of the cerebellum, where they are lost.

Structure of the Pons.—The pons is composed of nerve-fibers and scattered nerve-cells. It forms a kind of knot into which converge the fibers coming from the cerebellum, as well as those passing to and fro from the medulla into the cerebral peduncles.

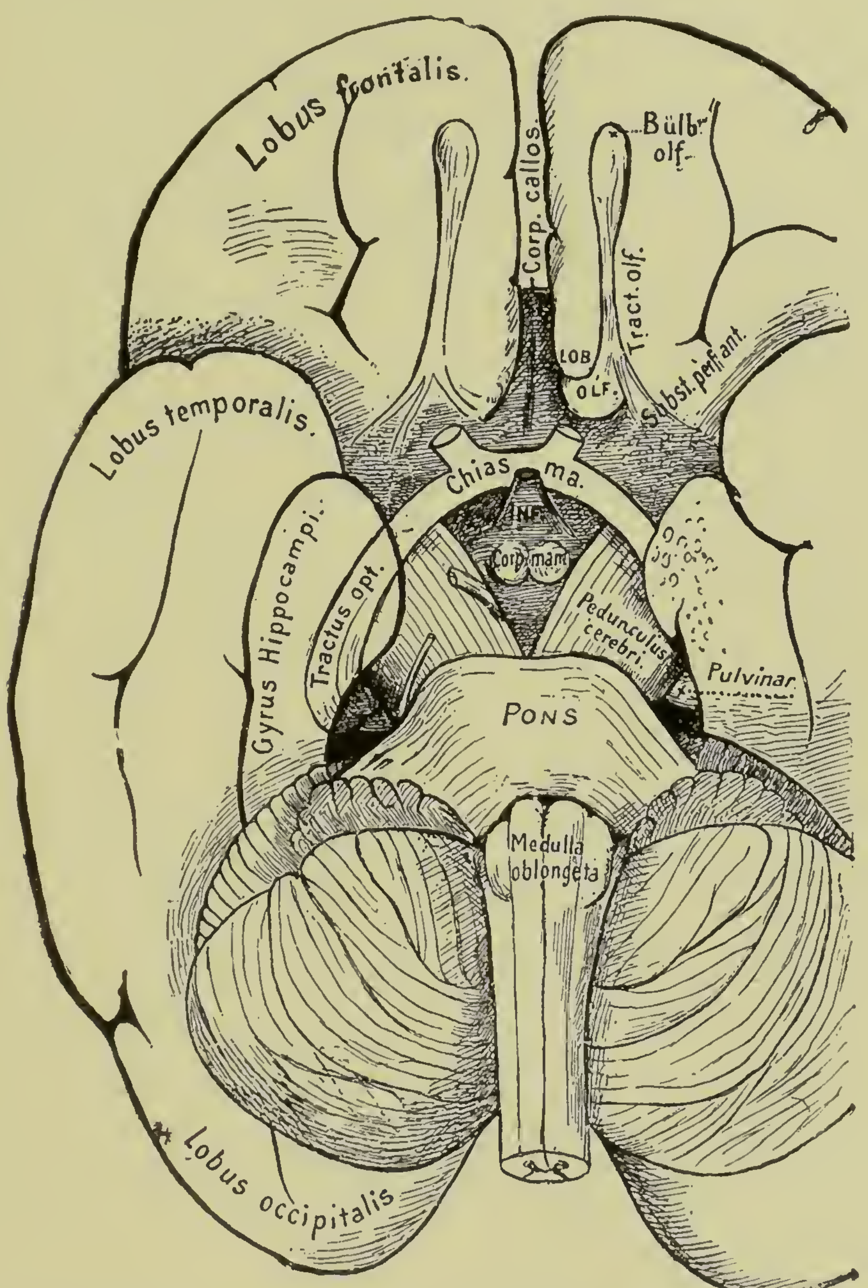

Fig. 104.—The Base of the Brain. The Left Lobus Temporalis is in part Represented as Transparent in order that the Entire Course of the Optic Tract might be Seen. (EDINGER.)

The *transverse* fibers which form the cortex of this organ go in great part to the middle cerebellar peduncles. They are the commissural fibers which unite one cerebellar hemisphere to the other.

Some fibers emanate from the middle cerebellar peduncles and decussate on the median line with those of the opposite side. They thus form the median raphé. They terminate in the gray masses of the pons.

Other fibers, having decussated, bend upward and ascend into the cerebral peduncles. All of the various fibers—semi-annular, horizontal, and oblique—cover in the longitudinal fibers which unite the medulla oblongata to the cerebral peduncles. In them various planes are formed: (1) there is a superficial plane, or *stratum zonale*, which covers the two pyramidal columns; (2) the *stratum profundum*, which separates the pyramids from the fillet and upper part of the pons; (3) the third plane, *stratum complexium*, separates the cerebral tracts. It is this separation which gives rise to the formatio reticularis of the pons and which is continuous with the formatio reticularis of the medulla.

Between the superior, or pontal, olives there is a system of fibers which envelops and covers the olivary nuclei to decussate upon the median line back of the pyramids. It is to this system of fibers which unite the nuclei of the auditory nerves and the olives that Edinger has given the name of *trapezoid body*.

The *longitudinal fibers* are in three groups: 1. The anterior bundle, which contains the middle fibers of the cerebral peduncle. It is continuous with the superficial motor fibers of the anterior pyramids of the medulla; farther down it is still in connection with the pyramidal column of the opposite side of the spinal cord.

2. The *middle column*, or fillet.

3. The third group, the *posterior longitudinal column*, passes along the floor of the fourth ventricle, from which it is separated by a plane of transverse fibers. It is continuous with the anterior column of the cord to form, consequently, the longitudinal commissural column. Some of the fibers of this bundle decussate with their fellows of the opposite side to unite among themselves the nuclei of the motor nerves of the eye and the gray mass of the aqueduct of Sylvius.

Each bundle is separated from its fellow by a plane of transverse fibers: the strata zonale and profundum.

The *gray substance* of the pons is found isolated in small islands (nuclei of the pons), which are located between the various white layers which have just been mentioned.

One of these nuclei, the most voluminous of all, is situated near the median raphé at the site of the junction of the inferior and

middle thirds of the pons. It bears the name of *reticulated nucleus* of the pons. At a slightly higher level is found another, known as the *central nucleus.* To these two nuclei are joined the root-bundles of the antero-lateral column of the cord.

In addition, as a continuation of the posterior horns of the cord, there exists a nucleus which gives origin to the trigeminus. Inward and somewhat to the front is found a gray mass composed of large multipolar cells. These represent the caput of the anterior horn. It forms the nucleus of origin of the motor root of the trigeminus.

Upon each side of the raphé and very close to the surface of the floor of the fourth ventricle are found other gray nuclei, as of the facial and oculomotor; also a yellow mass of an S-shape which forms the superior olive of the pons. This latter is connected with the auditory apparatus. The gray substance of the medulla is prolonged into the pons to form the origin of the cranial nerves.

CEREBRAL PEDUNCLES.

The peduncles of the brain are two white cords which extend from the superior face of the pons in a divergent manner up in the optic thalami. They are somewhat flattened from top to base. Their volume is in direct relation to that of the brain. The peduncles are much larger than the columns of the cord reunited; they contain fibers coming from the gray matter of the medulla, pons, corpora quadrigemina, locus niger, and masses of gray matter lying in a line along the aqueduct of Sylvius. In length the peduncles measure about three-fourths of an inch.

Immediately after their emergence from the pons they separate, each one making its way toward its corresponding hemisphere of the cerebrum. Between them there remains a triangular space, the *interpeduncular space,* filled in its back part by a cribiform white layer containing a great number of vascular openings. The latter is known as the *posterior perforated space.* This space, bounded in front by the optic chiasm, is occupied by the mammillary eminences and tuber cinereum.

Texture of the Peduncles.—A transverse section of the cerebral peduncles gives an idea of the architecture of the large nerve-trunks. In a cut of this kind it is seen that the peduncles are separated into *two white, superposed layers* by a black line: the locus niger.

The inferior level, or *crusta,* of the peduncle is formed in great part by a large, flat, white bundle which is a prolongation of the motor fibers extending to the spinal cord. The crusta extends from

the internal capsule through the pons to the ventral portion of the medulla oblongata. From the internal capsule its fibers become lost in the cortical layer of the hemisphere of its own side. The *crusta* is composed of two bundles, the *internal*, or *cortico-pontal*, and the *external*, or *voluntary motor, bundle.* The cortico-pontal bundle acts as a commissure between the cerebrum and cerebellum. It passes from the anterior region of the cerebrum through the peduncles to the pons and medulla, to end in the cerebellum. The voluntary motor bundle descends from the motor regions of the cortex to end in the nuclei of origin of the cranial and spinal nerves.

TEGMENTUM.—The superior layer of the cerebral peduncle, known as the tegmentum, consists of masses of gray matter and fibers which extend through the posterior end of the medulla oblongata, pons, and crura up to the optic thalami. At the height of the corpora quadrigemina is a reddish column formed of multipolar cells. It is the red nucleus of the tegmentum. In the tegmentum, between the fillet and the red nucleus, is found the formatio reticularis.

THE LOCUS NIGER, which separates the pes, or crusta, from the tegmentum, consists of highly pigmented cells. They are like the cells of the motor regions of the cortex. Thus, the locus niger might be considered as a sort of motor ganglion whose cells are charged with black pigment.

THE FOURTH VENTRICLE.

The fourth ventricle is a rhomboid cavity (sinus rhomboidalis) imbedded upon the posterior surface of the medulla oblongata and pons. It is the space into which the central canal of the cord opens superiorly. It is flattened from top to base; and has an inferior wall, or floor; a superior wall, or vault; and four angles.

Floor of the Ventricle.—The floor of the fourth ventricle is lozenge-shaped, being formed by two triangles placed in contiguity at their bases. It is lined by a layer of gray matter, which is but a continuation of that of the cord.

The inferior triangle (calamus scriptorius) belongs to the posterior face of the medulla; the superior triangle to the posterior face of the pons.

Upon the median line of the floor there is a slight groove: the handle of the calamus. On each side of this groove the surface of the floor presents small, rounded, and elongated prominences. These have been described at some length previously, so that now they will

be but mentioned. In the inferior triangle, from the handle of the calamus to the restiform body, they are: (1) *trigonum hypoglossi;* (2) *ala cinerea,* or *trigonum vagi;* (3) *trigonum acustici.*

In the superior triangle, upon each side of the median groove and near the base of the triangle, are seen two rounded eminences: (1) *eminentia teres* and (2) the *locus cœruleus.*

The various eminences correspond to the origin of the cranial nerves. Thus, in the locus cœruleus is located the origin of the small root of the trigeminus; in the teres eminentia the common origin of the facial and oculomotor; in the trigonum hypoglossi is the origin of the hypoglossal nerve; in the ala cinerea, or trigonum vagi, occurs the origin of the motor roots of the glosso-pharyngeal nerves, pneumogastric, and spinal accessory; in the trigonum acustici are found the fibers of the auditory and the sensory fibers of the mixed nerves, glosso-pharyngeal, vagus, and spinal accessory. The trigonum hypoglossi corresponds to the *funiculus teres;* the ala cinerea to a depression: *posterior fovea.*

At the level of the middle of the floor of the fourth ventricle a variable number of striæ go out from the median groove toward the lateral angles. Here they converge somewhat and form, according to some authors, the posterior root of the auditory nerve. The striations constitute the *barbæ* of the *calamus.*

The gray matter of the spinal cord, when it penetrates into the medulla, exposes itself upon the floor of the fourth ventricle. The horns of the central gray column of the cord are found broken up into many parts by the decussation of the pyramids and fillet. By reason of this, the gray matter in the floor of the ventricle represents four irregular, discontinuous longitudinal columns; two are central, with a superficial one on each side. These columns are produced by the bases and detached heads of the anterior and posterior horns of the central gray column. From the anterior gray matter proceed motor cranial nerves; from the posterior gray matter spring sensory cranial nerves.

The *lateral boundaries* of the *ventricle* are, in the lower half, the clavæ of the funiculi graciles, the cuneati, and the restiform bodies. In its upper half the superior peduncles of the cerebellum form the limits.

AQUEDUCT OF SYLVIUS.

The aqueduct of Sylvius is a canal a centimeter and a half long. It is hollowed out beneath the corpora quadrigemina. By means of

this aqueduct the fourth ventricle communicates with the third. It is derived from the middle cerebral vesicle. Its walls are formed above by the valve of Vieussens, the corpora quadrigemina, and the white, posterior commissure. Its base, or floor, is formed by the tegmentum. Its floor is grooved by the continuation of the median groove of the fourth ventricle. Its walls are composed of gray matter continued from the spinal cord.

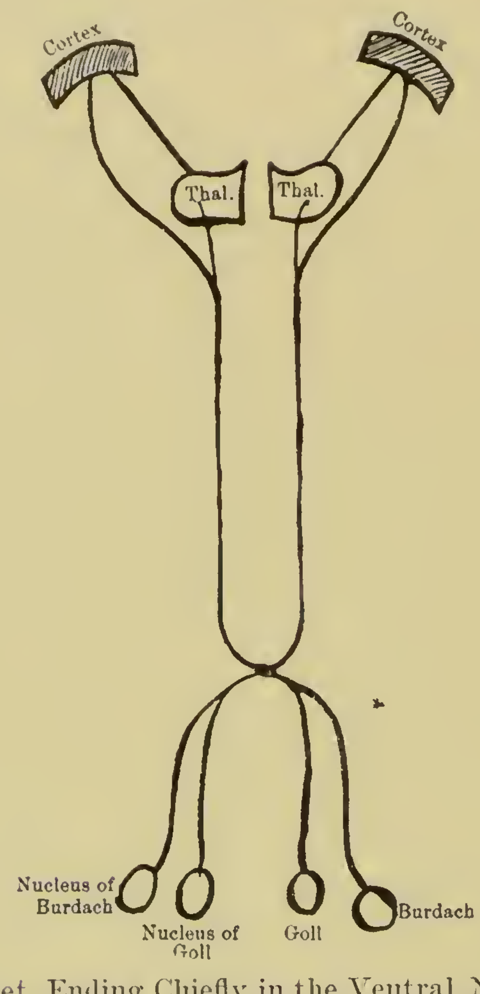

Fig. 105.—The Fillet, Ending Chiefly in the Ventral Nucleus of the Optic Thalamus and then United by New Neuraxons (Upper Fillet) to Parietal Cortex.

FILLETS.

The chief fillet consists of the axis-cylinders from Goll's and Burdach's nuclei, which decussate under the floor of the fourth ventricle, then pass up through the tegmentum, and chiefly end in the ventral nucleus of the optic thalamus. From new neuraxons it goes through the posterior part of the internal capsule to the ascending frontal and ascending parietal convolutions. It is a continuation of the sensory tract.

The lateral fillet also starts from the nuclei of Goll and Burdach and is chiefly composed of axis-cylinders from the end nuclei of the auditory nuclei and the superior olivary body; it then passes into the posterior corpora quadrigemina, and thence by means of the brachium posterioris of the corpora quadrigemina through the posterior limb of the internal capsule to the first and second temporal convolutions. It is made up mainly of auditory fibers.

THE BRAIN.

The weight of the brain is about fifty ounces. However, the weight of the brain may be, as in the case of Couvier, sixty-five ounces. It is greater in civilized persons than in savage tribes; it is likewise greater in the male than in the female; in an eminent man than in an ordinary man. But what really shows the superiority of the brain is not so much its size nor the exuberance of its convolutions, but the well-balanced development, the harmony, of all of its parts.

External Form.—The brain is composed of two symmetrical halves, or *hemispheres.* These are nearly entirely separated from one another by the *great longitudinal fissure.* The parts which are intact are located at the center and base and comprise the *corpus callosum* and *floor* of the *fourth ventricle.* The surfaces of the hemispheres are separated into lobes and convolutions by various fissures. The convolutions appear to be infoldings of the gray matter of the brain within its rigid confines, the cranial vault. The mode of spreading of the fibers of the peduncle may have something to do with their conformation also. The end obtained by their presence is to lodge a much larger gray mass within a given space.

There are *five principal fissures* in the brain: (1) the *great longitudinal;* (2) the *great transverse fissure* between the cerebrum and cerebellum; (3) the *fissure* of *Sylvius;* (4) *fissure* of *Rolando;* (5) *parieto-occipital fissure.*

As previously stated, the great longitudinal fissure runs antero-posteriorly to separate the two hemispheres of the brain.

At its posterior end and at right angles to it lies the great transverse fissure. By it the posterior portion of the cerebrum is separated from the cerebellum.

The fissure of Sylvius begins at the base of the brain at the anterior perforated space. It passes outward to the external surface of the hemispheres, where it divides into two branches. The one branch passes upward (ascending limb); the other, a larger one, runs nearly horizontally backward (horizontal limb).

The fissure of Rolando commences at the great longitudinal fissure, half an inch behind its middle, measuring from the glabella to the external occipital protuberance. It runs down and forward to terminate a little above the horizontal limb of the fissure of Sylvius.

The parieto-occipital fissure commences about midway between the posterior extremity of the brain and the fissure of Rolando to run down and forward for a variable distance.

The fissures which have just been mentioned are made use of to map out the surface of the hemispheres into regions to which the term *lobes* has been applied. This mapping is purely artificial and has no clinical or pathological bearing; in many instances the lines dividing the lobes are purely imaginary. However, anatomists are accustomed to speak of six lobes: (1) *frontal;* (2) *parietal;* (3) *occipital;* (4) *temporal;* (5) *limbic,* and (6) *island* of *Reil.*

The *island* of *Reil,* or central lobe, is located at the bottom of the fissure of Sylvius. It is a portion of the cerebral cortex which is overhung by the operculum.

The convolution of Broca is that portion of the inferior frontal convolution which winds around the ends of the anterior and ascending limbs of the fissure of Sylvius. It is characteristic in that it is the speech-center and also that it is better developed upon the left side in right-handed people.

On the internal, or mesial, aspect of the hemispheres are the following fissures and convolutions: The convolution immediately bounding the corpus callosum is termed the gyrus fornicatus; the hippocampal gyrus ends inferiorly in a crochetlike extremity, termed the uncus. The gyri fornicatus and hippocampus together form the great limbic lobe; the marginal convolution is merely the internal aspect of the convolutions of the frontal and parietal lobes. That portion which forms the mesial aspect of the ascending frontal convolution is known as the paracentral lobule. Upon the mesial aspect of the postero-parietal lobule is a quadrilateral lobule: the præcuneus.

Between the parieto-occipital and calcarine fissures is a wedge-shaped lobule called the cuneus.

Structure of the Cerebral Convolutions.—The gray matter of the cerebral cortex has been divided into four layers:—

1. The superficial layer.
2. The layer of small pyramidal cells.
3. The layer of large pyramidal cells.
4. The layer of polymorphous cells.

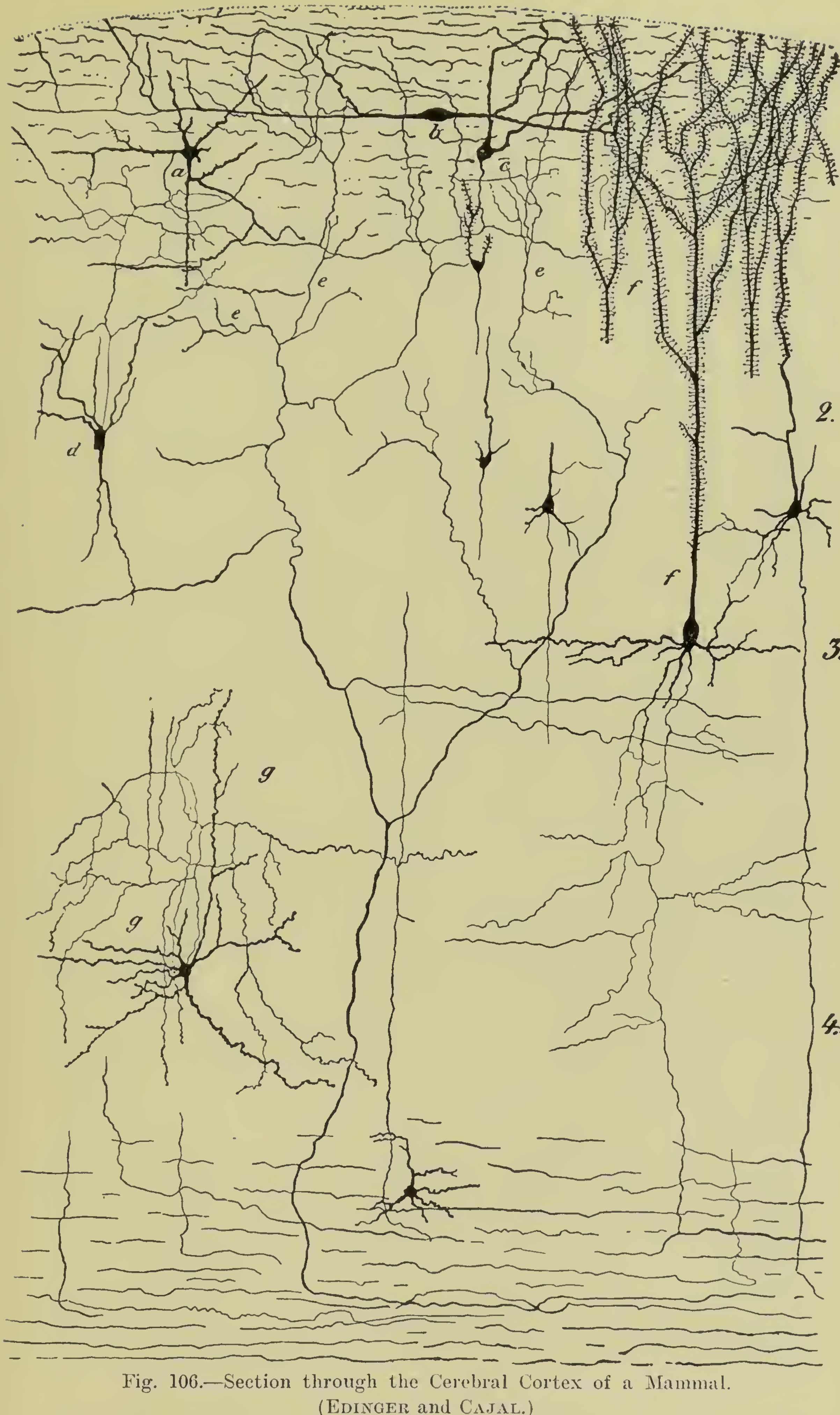

Fig. 106.—Section through the Cerebral Cortex of a Mammal.

(EDINGER and CAJAL.)

1, Superficial, or molecular, layer. 2, Layer of small pyramidal cells. 3, Layer of large pyramidal cells. 4, Layer of polymorphous cells. *a*, *b*, *c*, Ganglionic cells. *d*, Fusiform cells. *e*, Fibers. *f*, Pyramidal cells. *g*, Multipolar cells.

The first layer contains the cells of Cajal. In this layer terminate many of the fibers coming from the spinal cord, medulla, and cerebellum.

The second layer contains the small pyramidal cells, whose axons run into the superficial layer.

The third layer contains the cells of Martinotti, with the large pyramidal cells.

The fourth layer is made up of triangular, small pyramidal, and spindle cells.

The *white matter* of the hemispheres consists of medullated fibers whose size is varied. As a rule, however, they are smaller than those of the cord and bulb. For the most part, they are arranged in bundles separated by layers of neuroglia.

Central Ganglia of the Brain.—At the level of the hilus of the brain the cerebral peduncles sink into the body of the two hemispheres. They contain fibers which proceed from the cord, pons, and cerebrum *to* the brain, as well as those fibers *from* the brain to the cord, pons, and cerebellum. There are also direct fibers which reach from the peduncles to the brain cortex. However, there are other indirect or ganglionic fibers which communicate previously in the nuclei or ganglia of the gray substance. The ganglia referred to are: the *optic thalami* and the *corpora striata.* The optic thalami are two oval bodies placed upon the tract of the cerebral peduncles. At the posterior part of the thalamus are the external and internal geniculate bodies. Between the pulvinar and origin of the pineal gland is found a small surface, slightly depressed and of triangular form; it is the triangle of the *habenula.* Within this triangle is a small prominence known as the nucleus of the habenula. The habenula is the peduncle of the pineal gland.

The inferior surface of the thalamus rests upon the cerebral peduncle, from which it receives some fibers. In the rear it remains free, and presents two nipplelike swellings: the *geniculate* bodies. One lies *internal;* the other *external.*

Monakow divides the nuclei of the thalamus as follows: (1) anterior, (2) median, (3) ventral, (4) posterior, and (5) pulvinar. The posterior root-fibers arborize about the nuclei of Goll and Burdach. From there they are continued by a second neuraxon to end in the ventral nucleus of the thalamus. Each thalamus has a double connection with all parts of the cerebral cortex by neuraxons from its various nuclei to the cortex, and by neuraxons from the pyramidal cells of all parts of the cortex. The neuraxons of the ganglionic

cell-layer of the retina end about the cells of the pulvinar and external geniculate body, thus connecting it with the primary division of the optic tract. It has also a double connection with the occipital lobes by neuraxons from the pulvinar cells (optic radiations), which terminate in the pyramidal cells of the occipital cortex and by neuraxons from the pyramidal cells of that lobe which end in the cells of the pulvinar.

Corpora Striata.—The corpora exist as two large ovoid gray masses lodged within the thickness of the frontal lobe. They are situated in front of and slightly outward from the optic thalami. The outer surfaces of the corpora are in relation with the island of Reil and the centrum ovale of the hemispheres. Internally, they are in apposition with the optic thalami and the gray layer of the third ventricle. They are formed of two large nuclei: the *caudate* and *lenticular.*

The *nucleus caudatus* is so named from its resemblance to a pear in shape. It lies inside the lateral ventricle upon its floor. The cells of this nucleus are of two types—sensory and motor; the cells of the motor type seem to be more abundant.

The *nucleus lenticularis,* a part of the corpus striatum, is separated from the caudate nucleus by the internal capsule. By reason of its situation near the center of the body of the hemisphere and outside of the ventricle it is called the extraventricular nucleus of the corpus striatum.

The lenticular nucleus is *divided* into three segments by two layers of white matter placed within its thickness. The segments are distinguished from one another by their color, which is most pronounced in the external segment. The latter has received the name of *putamen.* The two other segments are known as the internal and external segments of the *globus pallidus.*

Hence it ensues that the corpus striatum has the general character of the letter c, its upper extremity, or branch, being represented by the caudate nucleus; its lower branch by the lenticular nucleus. The point of union of the two forms the knee. The corpora striata are of cortical origin, and not of central origin, as is the thalamus. That is to say, the nerve-impulses of voluntary movement ordered by the cortex descend to the corpora striata, where they undergo transformation before appearing as muscular movements.

The Claustrum.—To the corpora striata is attached a thin layer of gray substance, so placed that it occupies the field between the

lenticular nucleus and the island of Reil. This band, derived from the cortex in a manner similar to those fibers of the corpora striata just mentioned, is the *claustrum.* It is separated from the external surface of the lenticular nucleus by a band of white substance: the external capsule.

The claustrum is *composed* of spindle cells, quite like those found in the deep layer of the cortex. The claustrum should be considered as a part of the cortex that has been detached by reason of the passage of a bundle of fibers of association. These fibers unite the various convolutions among themselves.

The *corpora quadrigemina* are four small bodies or rounded eminences. They are composed, for the greater part, of gray matter, although covered externally by and containing in their interior some white fibers. They lie beneath the pulvinar of the optic thalamus.

The corpora are arranged in two pairs: one *anterior,* the other *posterior.*

The *upper,* or *anterior, pair* is broader, longer, and darker than the posterior pair. Laterally the corpora extend into distinct and prominent tracts of white substance.

The *lower,* or *posterior, corpora* are composed almost entirely of gray matter.

Internal Capsule.—The name of internal capsule is given to a thick band of white fibers situated between the optic thalamus and caudate nucleus on one side and the lenticular nucleus on the other. In a frontal section of the brain the tract is seen to follow a course upward and outward in an oblique manner between the preceding nuclei. Downward it is continuous with the cerebral peduncle.

Where the capsule enters the lenticular-striate defile it expands like a bundle of stalks to form the corona radiata of Reil.

If studied horizontally, the internal capsule is seen to present the shape of an angle opening outward and embracing the lenticular nucleus. The capsule seems to be composed of two parts or *segments* and a *bend,* or *genu.*

The anterior segment is placed between the lenticular and caudate nuclei; it bears the name of arm, or *lenticulo-striate segment.* The posterior segment, situated between the optic thalamus and lenticular nucleus, for this reason takes the name of *lenticulo-optic segment.*

The point of union of the two segments is called the *knee,* or *genu.* Its position is exactly at the center of the three nuclei just mentioned.

Capsular Structure.—With the naked eye or even a microscope the internal capsule presents itself as a homogeneous structure, composed of white fibers. There is nothing in its appearance to let anyone suppose that there are different tracts or bundles. However, pathological anatomy, with its secondary degeneration, and embryology, by reason of the myelin appearing in the bundles at different stages of development of the fœtus, reveal a number of segments perfectly separated either from a functional or pathological point of view.

The three bundles of fibers are distributed somewhat as follows in the capsule:—

1. *The Cortico-Pontal-Cerebellar Tract* is composed of neuraxons coming from the pyramidal cells of the frontal lobes. Then the neuraxons pass through the anterior two-thirds of the anterior segment of the internal capsule, then through the crusta, ending in some of the pontal nuclei. These pontal nuclei are joined by neuraxons to the fibers chiefly from half of the cerebellum of the opposite side, although some fibers are from the cerebellar half of the same side. Hence the frontal lobes are anatomically connected with the opposite cerebellar hemisphere.

2. *The Motor Tract,* which arises from the neuraxons of the large pyramidal cells of the ascending parietal and ascending frontal convolutions and paracentral convolutions; then go through the anterior two-thirds of the posterior segment of the internal capsule; then through the crusta to the anterior pyramids of the medulla oblongata, where they partly decussate, becoming the crossed pyramidal tract of the opposite side of the spinal cord, ending in the cells of the anterior horns. Part of the motor tract passes down on the side upon which it originated as the tract of Türck, then through the anterior white commissure into the cells of the anterior horn of the opposite side of the cord. Here we have a long neuraxon or axon from the motor convolution to the anterior horns of the opposite side of the spinal cord. From here a second axon starts out to supply the muscles, making only two axons in the motor tract.

The motor tract includes a band of fibers running from the cortex to the nucleus of the various motor cranial nerves. Thus the cortex sends motor fibers to the nucleus of the third, fourth, motor division of fifth, the sixth, the seventh, the motor divisions of the ninth and tenth, and the eleventh and twelfth pairs. We only know the cortical origin of the seventh, the motor branch of the fifth, and the hypoglossal, and these originate from the lowest third of the

ascending frontal and ascending parietal convolutions; then they pass through the knee, or genu, of the internal capsule and continue through the crusta until they end in the nuclei of the various cranial motor nerves. As this tract passes through the genu of the capsule it is known as the geniculate tract: a part of the main motor tract.

3. *The Sensory Tract.*—Its axons arise in the ganglion of the posterior root and extend from the skin and muscles to the spinal cord, where they divide into an ascending and descending branch. The descending branches arborize about the cells in the gray matter of the cord. The ascending branches in great part ascend in the columns of Goll and Burdach and arborize in the cells of the nuclei of Goll and Burdach. From the nuclei of Goll and Burdach a second series of axons pass under the name of the fillet or lemniscus or inter-olivary tract, decussating under the floor of the fourth ventricle and chiefly arborize about the cells of the ventral nucleus of the thalamus. From the ventral nucleus a third set of neuraxons arise and go through the posterior part of the posterior segment of the internal capsule to the ascending frontal and ascending parietal convolutions. This tract also receives the neuraxons of the sensory nuclei of the cranial nerves running to the cortex excepting the auditory nucleus. In the internal capsule the motor fibers going to the face are in front; next the arm- and then the leg- fibers. Hence lesions occurring in the anterior two-thirds of the posterior limb of the capsule cause motor troubles; lesions in the posterior third cause sensory troubles. The sensory tract is composed of three neuraxons: one from the skin to Goll's and Burdach's nuclei, the second from these nuclei to the ventral nucleus of the thalamus, and the third from this ventral nucleus to the cortex. Pain and temperature sensations travel through the gray matter.

Blood-supply of the Brain.—The brain is freely supplied with arteries. The brain with its enveloping membrane is said to receive fully one-fifth of the entire quantity of blood within the body.

The brain with its adnexa is supplied by the *two vertebrals* and the *two internal carotids*, with their numerous branches. These principal vessels form a free anastomosis at the base of the brain, known as the *circle of Willis*. The circle is composed of the tip of the basilar, the two posterior cerebrals, the two posterior communicating, the tips of the two internal carotids, the two anterior cerebrals, and the anterior communicating, which connects the two anterior cerebrals.

The nucleus caudatus and the nucleus lenticularis are almost

exclusively supplied by the middle cerebral artery, whose branches pass through the foramina of the anterior perforated space. The branches are subdivided into the *lenticular, lenticulo-striate,* and *lenticulo-thalamic arteries.* These vessels pass to their terminations without anastomosing with one another. One of the lenticulo-striate arteries which passes through the outer part of the putamen is very frequently the seat of hæmorrhage. By Charcot it was named the artery of cerebral hæmorrhage.

The *lymph* finds its way out of the various areas of the brain by means of perivascular spaces in the tunica adventitia of the blood-vessels. These spaces communicate with the subarachnoid space at the surface of the brain.

PHYSIOLOGY OF THE NERVOUS SYSTEM.[1]

Comparison of Nerve and Muscle.—In the study of the general physiology of muscle there was first analyzed its most apparent phenomenon: muscular contraction. Then was considered the forces which provoke muscular contraction, with modifications of muscular excitability.

Practically the same course will be adopted in treating of the general physiology of the nerves. First there will be considered that property comparable to the muscular contraction; in turn will follow a study of the forces which produce the nerve-wave, with modifications also of the nervous excitability.

Thus, there will be established a sort of parallel between nervous and muscular functions; muscular contraction and nerve-wave; muscular irritability and nervous irritability; muscular excitability and nervous excitability.

When a nerve is separated from its nervous centers and no force intervenes to modify its state, then it will remain inert. There will be neither movement nor sensibility. Neither will the nerve come into action unless it be stimulated or excited.

Nerve Excitability.—When a stimulus is applied to a nerve it enters into activity. There are various ways in which this activity is manifested, as by modification of motion or sensation, and besides these external manifestations a latent property in the nerve itself, known as negative variation, which it undergoes during activity. The most striking exhibit of nerve activity is the contraction of the muscle supplied by the nerve. If we would estimate the irritability

[1] For anatomy of the cerebellum and mesencephalon see subsequent pages.

of a nerve it is necessary to know accurately both the intensity of the stimulus and the result produced. Irritability requires for its due manifestation the integrity of the nerve and an unimpaired circulation and nutrition. But even in a normal state the irritability of the nerve is extremely variable and in a constant state of instability.

Intervals of repose alternating with activity are the most favorable conditions for the maintenance of irritability. When a nerve remains at rest for a long time the irritability diminishes and may even be abrogated, conducing to degeneration of the nerve. Excessive stimulation has a similar tendency to destroy the nerve.

For a proper appreciation of so delicate a structure as the nervous tissue and the changes of a fundamental order occurring within it, the student should picture to himself the physical condition of the nerve; how it is composed of molecules in a *state of stable equilibrium*. With this conception he will readily see how any external stimulus may produce molecular movement in one direction and hold them in said position for any variable time.

With cessation of the exciting cause the molecules will be released from their rigid condition and immediately return to their previous normal state. This "return" is the occasion of changes in the opposite direction. Thus, any power that is capable of producing movement in any one direction is sure to be succeeded by movement in the opposite direction as the molecules of the nerve resume their normal, stable equilibrium.

This fundamental principle must constantly be kept before the student's mind, since many of the physiological phenomena of the nervous system are dependent upon it, or their conception is materially aided by remembering it.

Irritability of Different Points of the Same Nerve.—The farther from the muscle the nerve is stimulated, the lower will be the original irritability. It was upon this fact that Pflüger predicated his erroneous avalanche hypothesis: that a nerve-wave gathers force as it passes along the nerve-fiber. The true theory about the fact is that the irritability of the nerve is elevated in the neighborhood of the cross-section by the passage of the demarcation current through that portion. It has been shown by mechanical stimuli that the uninjured nerve has an equal irritability throughout its whole length.

Effect of Heat on Nerves.—Any sudden change of temperature acts as an excitant of a nerve. A temperature below 24.8° F. or above 95° F. applied to a motor nerve of a frog calls out a contraction of the muscle.

If, however, a nerve be gradually frozen it will regain its excitability upon thawing. When a nerve is cooled in the case of the frog the irritability persists for a long time. If a nerve of a frog is heated to 113° F. its excitability is increased and then diminished. In the case of a man who plunged his elbow into a freezing mixture, so as to greatly cool the ulnar nerve, there was no contraction, but pain in the parts innervated by the nerve.

The Transmission of the Nerve-wave.—This demands that the nerve-fiber stimulated be entirely sound. It has the following phenomena: The nerve-wave passes in both directions in both sensory and motor nerves. When a nerve is irritated by an electrical current the electromotive phenomenon of negative variation is seen in both ends of the nerve. In Bert's experiment of fixing the end of a rat's tail in a wound in the back and dividing the tail at its root after union had ensued shows that the stimulus is transmitted both ways in the case of sensory nerves. When the root of the divided tail was irritated there followed symptoms of pain, showing that the nerve impulse of sensation was transmitted in a direction opposite to the normal one.

This fact is somewhat difficult of explanation, but in support of it comes Kühne's classical experiment. This investigator takes the sartorius muscle of a frog and separates it lengthwise, beginning at its extremity, so that two small tongues are formed. Each tongue receives nervous filaments from the same peripheral branch. If one of these small tongues be mechanically stimulated the exciting state of the motor nervous fiber is found to be communicated to the other small tongue. Since the second small tongue was excited by a motor stimulus to the first one, it follows that the conduction occurred in a centripetal direction along the course of a motor nerve. This direction is different from that of normal conduction, for the nerve which has been thus excited is a centrifugal motor nerve. Therefore, since the motor nerve has played the rôle of a centripetal conductor in this experiment, it follows that a motor nerve can conduct an excitation in both directions.

Swiftness of the Nerve-wave.—Compared with the rapidity of an electrical current, the nerve-current is immeasurably slower. In the motor nerves of a frog Helmholtz made it about 88 feet per second. In the horse Chauveau found it to be about 227 feet per second in the motor nerves of the larynx and only 24 feet in the motor nerves of the œsophagus. In sensory nerves the velocity of the nerve-wave is variable, but may be put down as 150 feet per second. Cold dimin-

ishes the swiftness of the nerve-wave. If the intensity of the electrical stimulus is increased the swiftness is increased. The part of a nerve in a state of an electrotonus slows the rapidity of the nerve-current, and this is more perceptible as the duration and intensity of the polarizing current increases. Catelectrotonus favors the rapidity of the nerve-wave, except for very strong currents, where the rapidity of the nerve-current is arrested. I have found that stretching a nerve lowers the rate of transmission of nerve-force. The method of Helmholtz to measure the velocity of the nerve-wave is as follows: He stimulated a motor nerve of a muscle and registered

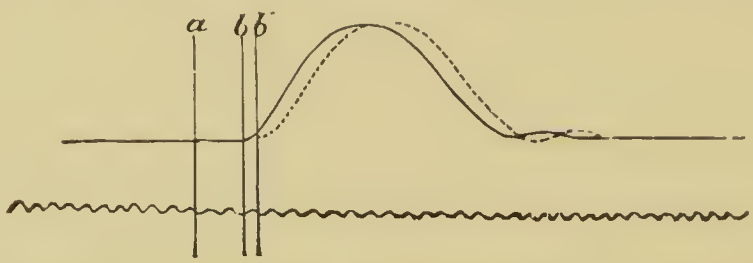

Fig. 107.—Curves Illustrating the Measurement of the Velocity of a Nervous Impulse (Diagrammatic). (FOSTER.)

To be read from left to right.

The same muscle-nerve preparation is stimulated (1) as far as possible from the muscle and (2) as near as possible to the muscle; both contractions are registered by the pendulum myograph exactly in the same way.

In 1 the stimulus enters the nerve at the time indicated by the line *a*, the contraction, shown by the dotted line, begins at *b′*; the whole latent period therefore is indicated by the distance from *a* to *b′*.

In 2 the stimulus enters the nerve at exactly the same time (*a*); the contraction, shown by the unbroken line, begins at *b*; the latent period therefore is indicated by the distance between *a* and *b*.

The time taken up by the nervous impulse in passing along the length of nerve between 1 and 2 is therefore indicated by the distance between *b* and *b′*, which may be measured by the tuning-fork curve below.

N. B.—No value is given in the figure for the vibrations of the tuning-fork, since the figure is diagrammatic, the distance between the two curves, as compared with the length of either, having been purposely exaggerated for the sake of simplicity.

the time of its contraction after excitation. After a while the same nerve was stimulated at a point nearer its distribution with the muscle. Its time was also registered. The second time was found to be shorter than the first, so that the difference between it and the preceding must represent the time required between the two excitation points for the transmission of the nerve-wave. The distance between the two stimulated areas being known, one can very readily calculate the swiftness of the nervous action.

Excitability and Conductivity.—Excitability of a nerve is its ability to react to the irritations received by it, not only at one spot,

but through its whole length. Conductivity is the property of transmitting its whole length, up to terminal extremity, a nerve-wave which has been called out by an irritant. If a part of a trunk of a sciatic nerve of a frog is submitted to the action of carbon dioxide and you stimulate that part, no contraction ensues. But if you stimulate the nerve above this point a tetanus ensues. Here the nerve-wave must travel through the part affected by the carbon dioxide. Hence it is inferred that conductivity and irritability are separate properties in a nerve.

Excitants of the Nerve.—Nerve-excitants are all those forces which modify its state. There are electrical, thermal, mechanical, and chemical excitants. From the fact that they may act upon a

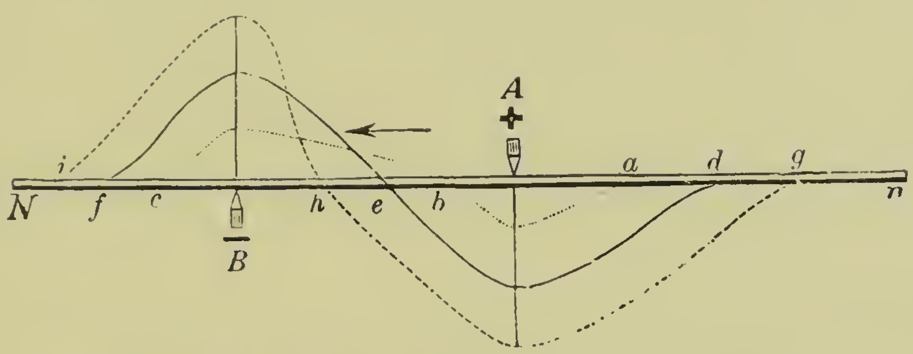

Fig. 108.—Scheme of Electrotonic Excitability.

The nerve (N-n) is traversed by a constant current in the direction of the arrow. The curve shows the degree of increased excitability in the neighborhood of the cathode (B) as an elevation above the nerve; diminution at the anode (A) as a depression. The curve i-h-g shows the degree of excitability with a strong current; the curve f-e-d with a medium current, and the curve c-b-a with a weak current. A, is anode. B, is cathode.

nerve in any part of its course, they are frequently designated as *general* stimuli.

The above are the excitants of the sensory and motor nerve. However, it must not be forgotten that in the normal being it is not these forces which come into play to stimulate to activity the motor nerve. The normal excitant is the physiological stimulus; it is the *will.* It originates within the nerve-centers, from where it is transmitted to the motor nerve. Any stimulus when applied to a nerve causes the molecules in that localized area to vibrate and so produce certain electromotive changes. By the changes set up in this particular area of nerve, the contiguous parts are necessarily also brought into activity by reason of nerve-conduction. By many authors this transmission of changes along the course of the nerve so as to act as excitants is known as the true physiological stimulus.

Thus, the vibrations in each segment perform the function of excitant for each succeeding segment.

Electrical Excitants.—This form of stimulus is surely the most important to study and is, perhaps, the one that is most complex. The electrical stimulus may consist of either the constant or interrupted current. The stimulation of the nerve may be direct, as when the electrodes are applied to the nerve. There are two kinds of currents used: the induction current and the galvanic current. I shall take up the constant current. The passage of a constant current through a nerve changes its irritability and conductivity and the nerve is said to be in a state of electrotonus; the positive pole is the anode and the negative pole is the cathode. The nerve about the positive pole is said to be in a state of anelectrotonus, the parts about the cathode are said to be in a state of catelectrotonus. When the current runs up the nerve, the anode nearest the muscle, then the current is said to be ascending. In the descending current the anode is farthest away from the muscle. The parts at the anode are decreased and at the cathode increased in excitability. When a constant current passes through the motor nerve a contraction takes place only at the closing and at the opening of the current. These opening and closing contractions occur, according to Pflüger, as follows ("No" means rest for muscle; "Yes" means contraction of muscle):—

Current.	Descending.		Ascending.	
	Make.	Break.	Make.	Break.
Weak	Yes.	No.	Yes.	No.
Medium	Yes.	Yes.	Yes.	Yes.
Strong	Yes.	No.	No.	Yes.

These laws are explained as follows:—

With Ascending Current.—1. If the current is strong the anelectrotonic part of the nerve loses its conductivity, the stimulus of the closing is not transmitted to the nerve and no contraction follows. At the opening of the current the anelectrotonus disappears, stimulation is produced at the anode, and the muscle contracts.

2. If the current is moderate the conductivity of the anelectrotonic part is not affected and the stimulation produced at the opening and closing of the current is transmitted to the muscle, which contracts.

3. With weak currents the stimulation is only active at the point farthest from the muscle, and the closing produces contraction.

With Descending Current.—1. With strong currents the stimulus of closing produces a contraction, but the stimulation of opening acting on the anelectrotonic part has no effect.

2. With moderate current contraction ensues on the opening and closing of the current for the same reasons as in the case of the ascending current.

3. With weak current the onset of catelectrotonus is a more powerful stimulant than the disappearance of the anelectrotonus; the effect of the latter is too slight to manifest any action.

Mechanical Irritants.—Nerves respond to mechanical stimulants only when the disturbance which reaches them possesses a certain suddenness. By this suddenness there is produced a change in the form of the nerve-particles. Thus, the blow, pressure, pinching, or section must be accomplished quickly; if a nerve be squeezed *slowly* it may be completely destroyed without having provoked movement in the muscle innervated by the same.

Chemical Excitants of the Nerve.—Certain substances which act with a certain degree of rapidity upon a nerve-fiber are capable of acting as nerve-stimuli. Nearly all chemical substances, other than very dilute salts and very weak acid solution, excite the nerves. *Glycerin* is a very energetic nervous stimulant. This fact is interesting, since glycerin is not a chemical excitant of muscular tissues. It owes its function to its dehydrating properties.

Seat of Reflex Action.—Experiments prove that the transformation of feeling into movement takes place in the *spinal cord.* This doctrine is universally accepted to-day.

The fundamental experiment is as follows: A frog is decapitated. When one of its feet is touched the same is at once withdrawn and movements of escape are made. As a probe is passed into the spinal cord to destroy the same, convulsive movements of all the muscles are immediately provoked. The aspect of the frog is now altogether different. It has become flabby, inert, and it no longer reacts to the different excitants. Nevertheless, its muscles and nerves in themselves are irritable. Muscles contract when an electrical irritant is applied either to the muscle (direct excitation) or to the nerve (indirect excitation).

What was destroyed in the frog and prevented the transformation of feeling into movement was the *nerve-cell:* an anatomical element which becomes absolutely necessary for such transformation.

Reflex Action.—A motor reflex act is the transmission of an irritation by the neuraxon of a sensory neuron to the dendrons of a motor neuron and by its neuraxon in turn to the muscle.

The functions of the gray substance of the nervous centers can be known only through reflex movements; so that, to study reflex action is to study the nervous centers.

From a knowledge of the principles of a reflex action it will be seen that three stages must be considered: 1. The external excitation which goes to excite the nervous centers through the sensitive nerves as a medium. 2. The excitation of the nervous centers which receive the irritation and then transform and modify it; through the medium of the motor nerves it is communicated to the muscles. 3. The contraction of the muscle thus innervated.

Other Seats.—It is not only in the spinal cord properly so called that there are reflex acts. There are some in the *medulla oblongata,* in the *pons,* and in the *gray* parts of the brain.

The physiological study of strychnine shows what intimate connections exist between the different parts of the spinal cord. The irritation of any point whatever of the periphery, being transmitted to the spinal cord by a sensitive nerve, goes to provoke at once the activity of the whole organ.

The initial stimulation for a reflex action may arise from any sensory nerve, whether of special sense, touch, or visceral supply. But there are some which generate a more active reflex movement, among which may be mentioned those of the palm of the hand and the sole of the foot. The quality and nature of the stimulus used has an influence on the reflex. Thus, tickling the auditory meatus produces cough; excessive sunlight acting on the retina causes sneezing. Stimulation of a sensory nerve-trunk in any part of its course calls out a reflex action, but the movement in this case is much less energetic and its character altered. In such a case the stimulation causes movement in one or more muscles, while stimulation of the skin surface innervated by the same nerve produces movements which have a peculiar character of co-ordination. To produce a reflex action the application of the stimulus must be sufficiently rapid.

Any agent which produces a slow and gradual change in the nerve is without effect. Some experimentalists have found a difference between the reflex of chemical and mechanical stimulation. When the reflex center has a greater or less excitability, then the stimulation produces greater or less results. Every center which

gives origin to a motor nerve may be looked upon as a reflex center. The excitability of the reflex centers is increased when their connection with the cerebrum is cut off or when the latter centers are inactive. Hence after decapitation, removal of the brain, section of the oblong medulla, or section of the spinal cord, the centers below the section have greatly increased activity in their reflexes. Setschenow has shown that mainly in the optic thalami and corpora striata are seated centers inhibiting the activity of the spinal reflex centers.

Reflex excitability is much greater in young animals than in adults. This explains the quickness with which slight causes produce convulsions in the infant. Reflex activity is greater in the summer than in the winter. Certain toxic agents have an effect on the reflexes. Thus, atropine, bromides, chloral, chloroform, and ether reduce reflex activity, while strychnine greatly excites it. Chloroform is poisonous to every living cell, whether of plant or animal life. Strychnine is only poisonous to the nerve-cell, not to the plant-cell.

Every time that intellectual action is suppressed then are the reflexes more manifest. A person asleep has more energetic reflex actions than a person who is awake. In somnambulism the action of the will is nearly suppressed, while the reflex excitability of the cord is enormously increased.

On the other hand, a person by exercising a strong will can arrest certain reflexes. Thus, the conjunctival reflex can be prevented by the will of a courageous person. Up to a certain point a person is able to resist sneezing or coughing, which are certainly typical reflex movements.

Swiftness of Reflex Actions.—Helmholtz succeeded in measuring by the graphic method the swiftness of the spinal actions. By him it was ascertained that the excitation travels in the spinal cord at the rate of *about twenty-four feet per second.*

Laws of Reflex Actions.—They are the law of *localization* and that of *irradiation.* One other accessory law will be added: the law of *co-ordination.*

Law of Localization.—If any sensitive region be excited, the first reflex movement which will be produced will bear upon the muscles near the sensitive region excited.

Thus, if the foot of a frog be very lightly touched, the muscles of that foot will respond reflexly. If the conjunctiva be touched, the reflex movement will be in the orbicular muscles.

Law of Irradiation.—When an excitation has produced a reflex movement in the muscles of one side by a first degree of irradiation, there will be reflex movements in the corresponding muscles of the opposite side. Cutaneous constriction by cold applied to the right hand determines constriction of the vasomotors of the left hand as well. These are examples of the type known as *transverse irradiation.*

If the excitation be more intense, the movement is spread into the muscles situated above and below the point of excitation. This represents the *longitudinal irradiation.*

Law of Co-ordination.—The law of co-ordination or adaptation of the reflex actions in decapitated animals is very striking. If a drop of acetic acid be placed upon the back of a decapitated frog the animal will make such movements with the feet as will show that it seems to want to free itself from the substance which irritates it. They are not blind movements, but such as seem to be adapted to an end and are co-ordinated.

Tonus of Spinal Cord.—It cannot be denied that, in the normal state, there is always a certain spinal tonus. That is to say, an active state of the cord which is not provoked by any immediate excitation. All of the muscles of the organism, striated as well as smooth, are always in a state intermediate between relaxation and contraction. This state of semiconstriction, of semi-activity, is governed by the spinal cord. When the spinal cord is destroyed, immediately all of the muscles of the body relax and their tonus ceases.

Influence of the Blood.—If a limb be separated from the rest of the organism, and, consequently, receives no nutritive blood-current, nevertheless the *function of the nerve persists.*

By making Stenon's experiment (tying the abdominal aorta), at the end of twenty minutes, or an hour at the most, it will be found that sensibility and motility disappear in the abdominal members. Yet, though the deprivation of blood be complete, still there is preservation of the nervous activity for some time.

By using on man the ligature and then compressing the limb by an Esmarch bandage interesting observations upon the influence of anæmia are made. During the first twenty minutes the arm is sensitive and the cutaneous excitations are plainly perceived. Likewise the motor nerves can still command the movements of the muscles.

Soon, however, the sensibility becomes obtuse; the voluntary movements take place only incompletely, without force, and slowly. Next the sensibility disappears so completely that the strongest electrical excitations are not felt. Because of the powerlessness of the

motor nerves, the limb feels limp and inert as if it were completely paralyzed.

This state of death of the nerves, from anæmia, contrasts with the survival of the muscles. The nerve dies before the muscle, but much later than the nervous centers.

EXCITING EFFECTS OF ANÆMIA.—However it may be, anæmia, which makes the functions of the nerve finally disappear, begins *at first* by overexciting it. Thus, the first effects of anæmia are marked by an increase of excitability. If it be a sensory member, anæmia of it provokes extremely lively pains. Physicians have long been acquainted with painful anæmiæ. It is anæmia, not absolute, but relative, which is often the cause of intense peripheral pains. Thus, in symmetrical gangrene of the extremities (Raynaud's disease), which is characterized by complete cessation of the circulation in the affected areas, the pain is very acute. There is extreme hyperæsthesia, probably due to nervous anæmia.

Physiology of the Spinal Cord and its Nerves.

The spinal cord represents: 1. A great *conductor* whose extent lies between the brain and periphery of the body. Along it are transmitted centrifugal as well as centripetal actions; the former carry volitional impulses to the muscles, the latter impressions from the sensitive surfaces to the brain. By reason of the spinal cord having in its composition innumerable nervous cells, it becomes a co-ordinator of the actions which pass over it.

2. The spinal cord represents a *true nervous center.* It may be either an important center of reflex phenomena in that its cells unite centripetal fibers with centrifugal ones, or it may possess the rôle of acting as a special center of the special functions.

Cord as a Conductor.—The law of Bell is enunciated as follows: *"Of the roots which issue from the spinal cord, the anterior are those of motion and the posterior those of sensation."*

This law is very clearly demonstrated by the so-called Müller frog. If the last four *anterior* spinal roots in the cauda equina of a frog are cut off at the *right,* and the four last *posterior* roots are cut off at the *left,* the animal after recovering from the operation will present interesting conditions. The right lower leg will be *paralyzed;* that is, deprived of voluntary motion. The left lower leg will be *anæsthetic* instead. It will be deprived of sensation, but still possess motion. Therefore, the anterior spinal roots are motor and the posterior ones sensory.

Irritation of the posterior roots, or of their central stumps, determines sensations. These sensations are sharp pains in the regions innervated by the particular nerve. Excitation of the peripheral stump is without any effect.

Irritation of the anterior roots, or of their peripheral stumps, determines movements. These movements are of the nature of convulsive cramps in the particular muscles innervated. Excitation of the central stumps is not followed by any effect.

Cutting off, or the complete destruction, of the posterior roots causes the loss of tactile, thermal, and painful sensibilities; also of muscular sensation in the parts where they are distributed. Section of the anterior roots wholly paralyzes the muscles innervated by them.

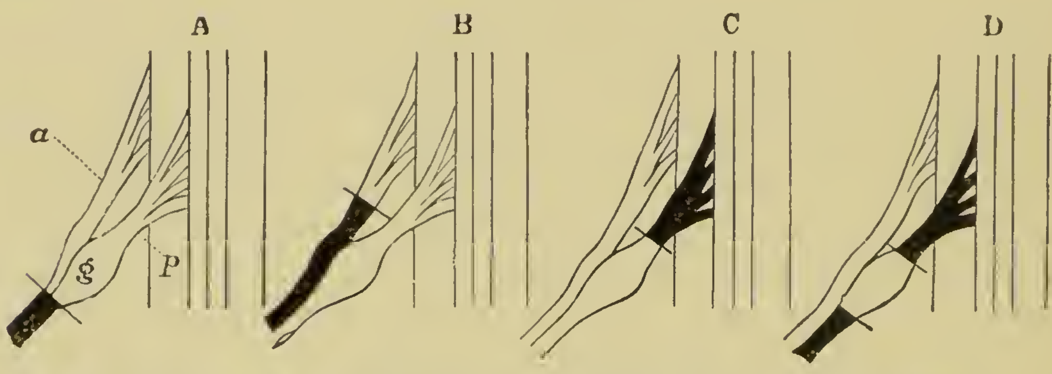

Fig. 109.—Diagram of the Roots of a Spinal Nerve Showing Effect of Section. (Landois.)

The black represents the degenerated parts. *A*, Section of the nerve-trunk beyond the ganglion. *B*, Section of the anterior root. *C*, Section of the posterior root. D, Excision of the ganglion. *a*, Anterior root. *p*, Posterior root. *g*, Ganglion.

Apparent Contradiction.—In demonstrating Bell's law there occasionally are seen results which seem to contradict that law, but instead they really confirm it. It is found that in stimulating the anterior (motor) root with electricity the animal sometimes gives evidences of pain. This same thing may occur also after cutting it in the middle and then stimulating, not the central, but the peripheral stump. Bernard has explained the sensibility of the anterior root by admitting that the *recurrent sensitive fibers*, which, taking their departure from the posterior roots, run back from the periphery to the center on the anterior root. If the posterior root be cut near to the spinal cord, sensibility in the corresponding anterior root wholly disappears.

The spinal roots united, those of sensation with those of motion, constitute the *mixed spinal nerves*. They furnish the different parts

of the body in which they are distributed with both sensibility and motion. Consequently the section of many spinal nerves leads to anæsthesia and paralysis of the parts innervated. In the recently cut nerves, the central as well as peripheral stumps are excitable by stimulants, the former causing pain, the latter contractions.

Ganglion.—The posterior root, before joining the anterior, forms the *ganglion*. The function of this ganglion is its *trophic influence,* discovered by Waller and afterward proved by Bernard and others. When an anterior root is cut the peripheral stump becomes atrophied, whereas the central stump remains entire. The latter retains its vitality, since it is still in connection with its trophic center in the cells of the anterior horn of the gray matter.

On the contrary, when a posterior root is cut between the spinal cord and the ganglion the peripheral stump remains entire, while the central stump becomes atrophied. The ganglia of the posterior spinal roots have, therefore, the office of *trophic centers* over the sensory nerves; the trophic centers for the motor nerves lie within the cord itself and are none other than the large, multipolar cells of the anterior horns.

The *anterior roots* contain different centrifugal fibers—motor fibers, vasomotor fibers, sweat, and inhibitory fibers of the splanchnics. The motor fibers take their origin in the cells of the anterior horns, while other centrifugal fibers are united to the cerebral cortex. As to the vasomotor fibers, they have their centers of origin in the medulla oblongata and cord to penetrate the anterior roots. They probably do this without entering into communication with the cells of the anterior horns.

The *posterior roots* have centripetal reflex fibers. These leave the skin, muscles, and other organs; penetrate the spinal cord; and are in direct connection with the reflex centers located partly in the cord itself and partly in the medulla oblongata, pons, corpora quadrigemina, cerebellum, and optic thalami. The other sensory and sense- fibers enter the cord by way of the posterior roots to ascend toward the cerebral cortex. Here are received the several conscious sensations: touch, pressure, temperature, pain, and muscular sense.

Path of Transmission of Voluntary Motion.—Voluntary motor excitation is transmitted from the cerebral cortex to the nerve-cells of the anterior horns by way of the anterior and lateral columns. These columns, as a whole, do not participate in conduction, but only the anterior pyramidal tracts of the anterior columns and the crossed pyramidal tracts of the lateral columns.

As the student knows, the crossed pyramidal tracts do not decussate in the cord, but in the medulla oblongata. The direct pyramidal tract does not decussate in the medulla, but in the spinal cord by the anterior commissure.

When the spinal cord is *completely severed* the voluntary movements for all of the muscles below the point of section are *absolutely abolished.*

Path of Conscious Sensations.—The sensations of touch and muscular sense are transmitted by the posterior roots and traverse the posterior columns to the brain.

Muscular sense is transmitted mainly by the *posterior columns.* The cerebellar tract also contains fibers which conduct muscle-sense. Tactile and muscular sensations are abolished by locomotor ataxia.

One-sided section of the posterior and lateral columns causes: *(a)* suppression of skin sensations, or anæsthesia, in the whole half of the body innervated by nerves which enter the cord on the side of section; *(b)* loss of motion on side of section. There is very frequently observed on the side of hemisection a zone of hyperæsthesia; this is due either to removal of inhibition on that side or inflammatory irritation of the central extremity of the cut cord.

It has been shown by Woroschiloff in Ludwig's laboratory that the lateral columns are a pathway for sensory impulses. I have shown with Dr. Robert M. Smith similar results in a series of sections of the lumbar part of the spinal cord.

Section of the posterior and lateral columns does not exercise any influence upon sensibility to pain and temperature. But this is not the case when the gray matter is cut; so that it must be inferred that these impulses ascend through the gray substance to the brain.

Syringomyelia is the term applied to that condition when there is complete abolition of the conduction of *pain* and *temperature.* It is due to vacuolation of the gray matter of the cord.

Fibers from the Centers of the Medulla Oblongata.—The *vasomotor nerves,* which come from a center seated in the medulla oblongata, run down the lateral column to penetrate into the gray substance and anterior roots. Hence, section of the lateral columns produces a *dilatation* of the *arterioles* innervated by vasoconstrictors, which leave the cord below the point of section.

The nerves leaving the respiratory center also run through the lateral columns and enter the gray substance, to communicate with it and leave by the anterior roots.

In the middle third of the lateral columns I have found running both *sweat* and *inhibitory* fibers. Both sets of fibers I have discovered decussate: the former in the spinal cord, the latter in the medulla.

Skin Reflexes.—The *most important skin reflexes* in man are:—

1. THE PLANTAR REFLEX, which is caused by tickling the sole of the foot. The involved center lies in the lumbar cord.

2. THE CREMASTERIC REFLEX.—If the skin of the upper and inner surface of the thigh in man be excited the corresponding testicle will be seen suddenly to rise by contraction of the cremaster muscle. Its center lies between the first and second lumbar nerves.

3. THE ABDOMINAL REFLEX is a contraction of the abdominal muscles caused by a sharp push of the finger. Its center lies between the eighth and twelfth dorsal.

4. THE EPIGASTRIC REFLEX.—If the skin between the fourth, fifth, and sixth intercostal spaces be irritated, contractions of the rectus abdominis of the same side will follow. The center is between the fourth and eighth dorsal.

5. SCAPULAR REFLEX.—An irritation of the skin covering the scapulæ may cause contraction of the shoulder-muscles. Its center is between the seventh cervical and second dorsal nerves.

Tendon Reflexes.—1. ANKLE-CLONUS.—When the sole of the foot is pressed upon by the hand, then the gastrocnemius contracts, and if the pressure is continued there may be several clonic contractions. Ankle-clonus is never found in health.

2. PATELLAR REFLEX.—When a tap is made on the tendon of the quadriceps just below the patella, the foot jumps upward.

The tendon reflexes are not true reflexes, but are due to a direct stimulant action on the muscle itself. But a reflex arc is necessary to keep the muscles in a state of tonus that the tendon reflexes may take place.

Centers in the Spinal Cord.—The spinal cord presides over the movements of the *anus, bladder,* and *genital apparatus* by means of three centers located one above the other.

The *ano-spinal center* is found in the dog near the fifth lumbar vertebra. From this center emanate fibers which, with the sacral nerves, go to animate the sphincter of the anus. Irritation of this center, especially by disease, brings on spasm of the sphincter, with difficulty in passing the fæces. Destruction of the center causes paralysis of the sphincter and incontinence of fæces.

In paraplegics (those affected with paralysis of the lower limbs from cord lesion), spinal incontinence or the involuntary passage of

the fæces may be observed. In addition, there is a protracted and invincible constipation. The former condition depends upon the destruction of the spinal center, while the latter comes from paresis of the intestine in the region of the colon and rectum.

The *vesico-spinal center* in dogs is found between the third and fifth lumbar vertebræ. When it or the nerves which take their departure from it are stimulated there are energetic and painful contractions of the body and neck of the bladder.

In apoplectics there is often, first, *ischuria* (retention of urine), which seldom comes from irritative or nervous spasm of the sphincter, but more frequently from paralysis limited to the detrusor nerves only. Afterward there is *enuresis* (incontinence of urine), from paralysis also of the nerves of the sphincter.

The *genito-spinal center* is to be found in the spinal cord at the level of the fourth lumbar vertebra. If excited by stimuli it produces contractions of the lower part of the rectum, bladder, and, if the animal be a female, the uterus. In addition, if the spinal cord be cut between the dorsal and lumbar parts, tickling of the mucous membrane of the glans penis of the dog determines by reflex action an erection. Erection is no longer obtained if the lumbar cord be destroyed. Goltz and Frensberg have observed in a bitch, whose spinal cord was cut at the level of the last lumbar vertebra, the manifestations of desire, conception, gestation, delivery, and lactation to take place just as in a sound bitch.

In obstetrical wards women are delivered while in the anæsthetic sleep produced by ether, chloroform, or other anæsthetics.

These various facts show that the center of the movements of the uterus is found in the *spinal cord,* and not in the *brain.*

The sudorific centers are seated in the spinal cord. The *spinal cord* has minor *vasomotor centers* for the vessels of the parts it innervates. In fact, cutting of the cord produces hyperæmia and elevation of temperature in the paralyzed parts. This is due to the paralysis of the vessels there. The constrictors are paralyzed.

Electrical excitations of the peripheral stump lowers the temperature in the parts innervated by constricting the lumen of the corresponding arterioles. The vasomotor fibers, emanating from the spinal column, rejoin the vessels either directly or, more commonly, by means of branches of the sympathetic.

The *cilio-spinal center* is seated in the lower cervical cord and down the dorsal cord to the third dorsal vertebra. There fibers emerge by the anterior root of the two lower cervical and the two

upper dorsal nerves and go into the cervical sympathetic to the dilating fibers of the iris. Pinching the skin of the neck will dilate the pupils: another skin reflex.

Physiology of the Medulla and its Nerves.

The *medulla oblongata*, or *bulb*, like the spinal cord, is an organ of *transmission*, or *conduction*, but at the same time it is a *center* of particular and very important functions.

Double Conduction.—Like the spinal cord, the medulla carries centripetal, or sensory actions, and centrifugal, or motor actions. The former are conveyed by means of its posterior part; the latter by the anterior part.

The centripetal, sensory conduction is crossed or decussated along the floor of the fourth ventricle. The centrifugal, motor conduction accomplishes, instead, its decussation in the *pyramids* of the medulla, where the right, lateral fibers pass to the left, and *vice versa*. This decussation of the fibers is much more complete in man than in animals. So much is this so that in man a lesion which destroys one-half of the medulla brings on complete hemiplegia of the opposite side; in animals a similar lesion never produces hemiplegia, but only paresis. Equally, in animals this same lesion does not entirely abolish sensibility in the opposite side of the body. The gray substance of the opposite side connects the parts lying over and under the lesion, and so conducts the sensory impressions.

Bulbar Nerves.—From the medulla oblongata take their origin and departure *ten* pairs of nerves: the *bulbar nerves*. Each nerve has a gray nucleus. The nuclei on the right side are connected with those on the left and all have their location along the gray substance of the floor of the fourth ventricle. The fibers which connect these nuclei of origin with the superior cranial centers are also crossed on the way.

Centers.—The medulla, with its gray substance and especially with the gray nuclei of the nerves which issue from it, becomes a center of very important functions.

First, it is a *respiratory center*. This center is found toward the inferior angle of the fourth ventricle, a little back of and lateral to the source of the vagi nerves. It is composed of two lateral halves, each of which can take the place of the other in function. This center is about two and one-half millimeters in size.

A lesion affecting *both* respiratory centers causes the sudden death of a warm-blooded animal. Therefore this region of the fourth ventricle has been called the *vital knot*. In fact, a blow from a stick upon the back part of the head or upon the nape of the neck, also a thrust from a sharp stiletto between the back of the head and the first vertebra, suffices to cause even a large mammal to fall to the ground instantly. Butchers inflict a blow on the nape of the neck to injure the vital knot.

COMPONENTS OF THE CENTER.—The center of respiration in the medulla is composed of an *inspiratory center* and an *expiratory center*.

From the *inspiratory center* the excitation for the nerves, and therefore for the muscles of inspiration, takes its departure rhythmically. These excitations always decussate in the cervical cord. The inspiratory excitation reaches the center by means of the *pneumogastric nerves*, having been carried along their sensory pulmonary fibers. The excitation is originated either by reason of an accumulation of CO_2 in the blood or the absence of O. On the contrary, an excess of oxygen in the blood abolishes excitation of the inspiratory center.

The *expiratory center*, on the other hand, gives excitation to the nerves and muscles of *forced expiration* (normal expiration is accomplished by reason of the elasticity of the thoracic case).

Experimentally it is observed that exciting the vagus nerves or their central stumps provokes very deep inspirations until the thorax stops in the inspiratory movement.

Stimulating the superior laryngeal nerves or their stumps provokes violent and forced expirations until the thorax stops in the expiratory movement. It is said that when a lesion affects the bilateral respiratory center there follows immediate suspension of breathing, and, therefore, death.

The medulla oblongata is a *moderating center* of the movements of the *heart*. By irritating the medulla near the originating nucleus of the vagus nerve there is caused a stoppage of the cardiac movements. The heart first slackens its systole and afterward stops in diastole. The medulla exercises this moderating action upon the heart through the vagus nerve as a medium. Some of its centrifugal fibers put themselves in relation with its inhibitory ganglia. Hence, moderation and suspension of the heart movements are obtained by irritating the peripheral stump of the vagus in the neck. According to Traube, the normal stimulus, capable of exciting this moderating action, is the accumulation of CO_2 in the blood.

In the medulla is found this *moderating center*, which is antagonistic to that other center seated in the medulla oblongata: the *accelerator center* of the heart.

The medulla contains the *principal vasomotor center*, which is of the utmost importance to the economy. This general vasomotor center in the medulla may become stimulated *directly from the brain.* In short, an emotion or irritation to the cerebral cortex readily brings on ischæmia or hyperæmia either in the skin or in the internal organs. Thus, there may be pallor from fear or diarrhœa from fright.

This organ of the nervous system is a *secretory center* for the *saliva.* In the floor of the fourth ventricle at the level of the origin of the facial nerve, and somewhat posteriorly to it, is found the originating nucleus of the fibers of the intermediary nerve of Wrisberg. This, through the *chorda tympani* of the facial nerve, is carried to the submaxillary gland. Pricking the center or stimulating it electrically provokes a copious secretion of saliva. Certain pathological lesions may produce the same thing.

Glucose Secretion.—Concerning this secretion, Bernard demonstrated that puncture of the floor of the fourth ventricle in its median line above the sources of the vagi nerves will determine within an hour the condition known as *diabetes mellitus:* glucose in the urine. The diabetes ceases if the liver be extirpated, and is not produced if the liver has been previously taken away, or its vessels have previously been tied. In the liver of animals rendered diabetic in such manner there is found an intense vasomotor paralysis. This appears to be the cause of the increased production of glucose.

The action of the medulla upon the liver is exercised by means of the spinal cord through the intervention of the great sympathetic.

The oblongata centers are: (1) *respiratory,* (2) *vasoconstrictor* and *vasodilator,* (3) *cardio-inhibitory,* (4) *cardio-accelerator,* (5) *diabetic center,* (6) *vomiting center,* (7) *deglutition,* (8) *salivation,* and (9) *mastication.*

ANATOMY OF THE CEREBELLUM.

The cerebellum is situated at the posterior and inferior portion of the brain.

It is bounded anteriorly by the cerebrum, which is separated from it by the tentorium of the cerebellum. At the posterior face of the cerebellum are the pons and medulla oblongata, from which structures it is separated by the fourth ventricle. The cerebellum is

entirely covered by the occipital lobes of the cerebrum in man, but only incompletely so in monkeys. It is united by the cerebellar peduncles to the cerebrum, pons, and medulla.

The *peduncles* are six in number—three on each side. They are known as the *superior, middle,* and *inferior cerebellar peduncles.*

Surface Form.—The cerebellum consists of a *median lobe* (the *vermis*) and two lateral lobes (the *cerebellar hemispheres*). The *superior vermiform process* extends from the notch on the anterior to the one on the posterior border.

The *under surface* of the cerebellum is subdivided into two lateral hemispheres by a depression (the *valley*). It extends from before backward in the median line. On the floor of the median lobe is the *inferior vermiform process.*

Internal Structure of the Cerebellum.—The cerebellum, like the spinal cord, is composed of both white and gray substances. The *gray* is the most abundant, and occupies the periphery of the organ in the form of a thin layer which is from two to three millimeters in thickness.

The *white* substance is placed in the center of the organ and is enveloped in all of its parts by the gray matter. The white represents nearly one-third of the whole cerebellar mass. Its consistency is greater than that of the gray matter.

The central nucleus of the white matter sends out an infinity of arborescent prolongations which terminate in the cells of the gray substance of the lamellæ. It is this formation which the student knows under the name of *arbor vitæ.*

Each one of the leaflike divisions of the white arbor vitæ formation is enveloped by a very thin plate of yellowish substance, while above this is the cortical gray substance. The latter sinks into the white substance at the level of the grooves which separate the plates from one another.

A *horizontal section* of the cerebellum shows in the center of each half of the organ an *ovoid body.* It is very similar to the olive of the bulb in size and structure. This is the *corpus dentatum.*

Corpus Dentatum.—The corpus dentatum is formed by a yellow layer folded upon itself in the form of a purse which opens in front. Within the interior of this purse is found the tissue proper of the corpus dentatum. It is formed of a matter which seems to be a mixture of the white and gray substances.

Under the name of *accessory nucleus dentatus* Meynert has described two small leaves of gray substance located in front and inward

from the corpus dentatum. They are the *nucleus globosus* and *nucleus fastigii.* Stilling has discovered two clear gray nuclei at the lower border of the vermis near the median line and roof of the fourth ventricle. He calls them the *nuclei emboliformes.* Part of the fibers of the inferior cerebellar peduncles end within these nuclei.

Hence, there are here four gray nuclei: *dentate, globosus, fastigii,* and *emboliformes.* The last three are in pairs, but the dentate is single.

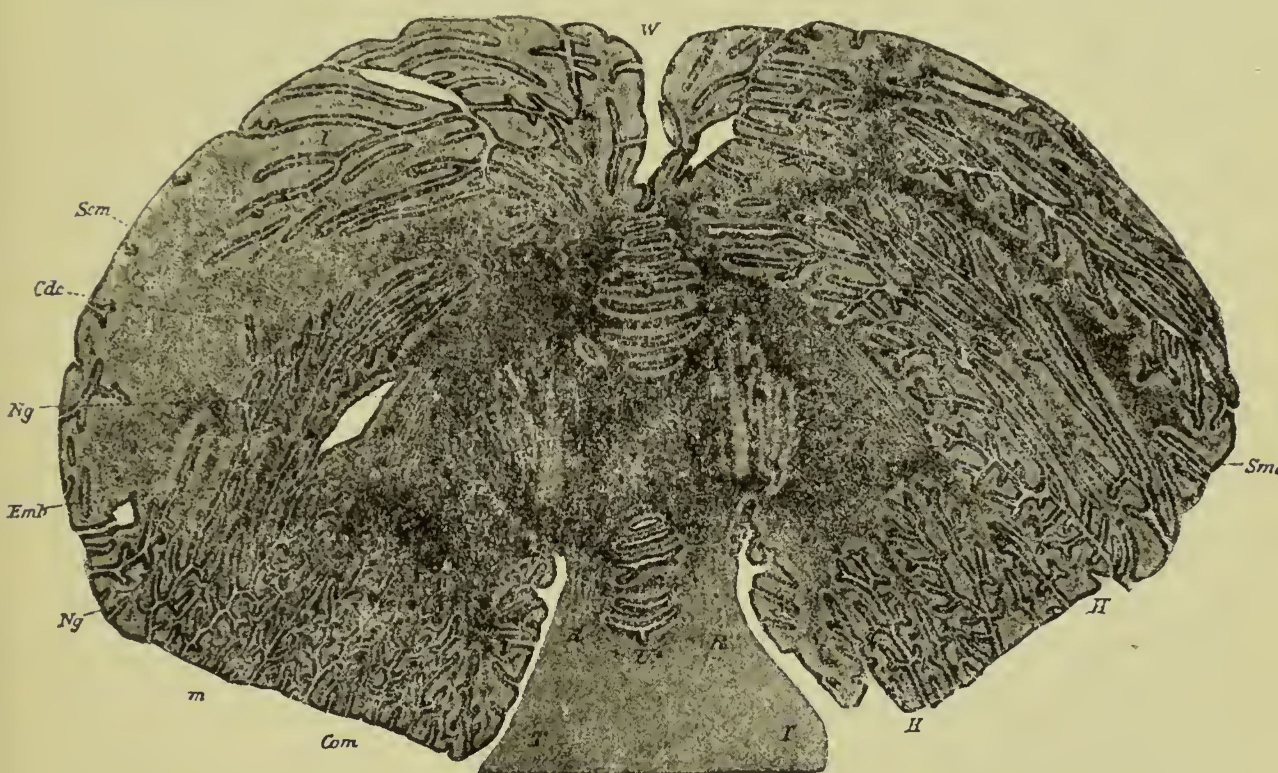

Fig. 110.—Horizontal Section through the Cerebellum. (After B. STILLING.)

The section passes through the region under the corpora quadrigemina (T), then through the anterior cerebellar peduncle (R), and between these through the lingula (A). Above this lies the nucleus tegmenti, nucleus fastigii (m), to the left of the nucleus globosus (Ng), the embolus (Emb), and still farther to the side within the hemisphere the corpus dentatum (Cdc).

The central white substance passes toward the lateral angles of the sinus rhomboideus in *three prolongations* on each side. They are the *cerebellar peduncles.*

The superior cerebellar peduncles go forward, pass under the corpora quadrigemina, where they decussate with one another in the upper level of the cerebral peduncles. They *end* in the optic thalamus and cortex of the brain.

The *middle cerebral peduncles* pass forward and inward to form the superficial annular fibers of the pons. These fibers form a true

commissure between the two hemispheres of the cerebellum; other fibers decussate in the pons to terminate in the islands of gray substance: a last category ascends into the brain after decussating in the pons Varolii.

The *inferior cerebellar peduncles* (corpus restiformis) pass downward and inward to the level of the medulla, where the fibers which form them separate into three groups: the *first* form the *external arcuate fibers* of the medulla; the *second* are thrown into the post-pyramidal bodies (nuclei of Goll and Burdach); and the *third* are prolonged directly into the cord under the name of *direct cerebellar tract*.

The cortex of the cerebellum is divided into two layers: the external layer, or molecular layer; and the internal granular layer, the rust-colored layer, or nuclear layer. The external layer is made up of two kinds of cells: star-shaped and basket cells. The neuraxons of the stellate cells enter the upper part of the molecular, or external, layer, forming a network of fibers. The basket cells have their dendrons extending into the inner part of the molecular layer, while their neuraxons arborize in a tuftlike manner, forming a "basket-work" about the cells of Purkinje. The internal layer is made up of multipolar cells whose neuraxons form the horizontal fibers in the external, or molecular, layer. These horizontal fibers divide in a T-shaped manner, arborizing about the dendrons of the cells of Purkinje.

In the granular layer are relatively large cells known as the cells of Golgi; their neuraxon end is in the nuclear layer, while their dendrons lie in the molecular layer.

Between the external and the internal layers we have the cells of Purkinje, which are supposed to be the cells concerned in the preservation of equilibrium. The dendrons of the Purkinje cells occupy the chief part of the external layer, and have little, clublike projections on them. The neuraxons of the Purkinje cells go into the internal layer, enter the external layer, and arborize about the dendrons of the cells of the latter layer.

From the white matter come fibers, perhaps from the spinal cord, which on entering the granular and molecular layers have at their terminations irregular thickenings; hence called *moss-fibers* by Cajal, who believes that they conduct impulses to the granular cells.

Another kind of fiber from the white matter, perhaps from the spinal cord, goes through the granular layer into the molecular layer, and, like a climbing plant, clings around the dendrons of the cells of Purkinje, and is called the *tendril fiber*.

Foster holds that impulses from the spinal cord or other parts pass along the tendril fibers to the dendrons of the Purkinje cells and by its neuraxons from the cerebellum to other parts, or other impulses may be caused by the *moss-fibers,* which would go to the cells of the granular layer. From here the impulse would be carried to the molecular layer and spread along the bifurcating fibrils a long distance which would carry them to the dendrons of Purkinje cells. At the same time the arborizations of the just-mentioned bifurcating fibrils running in longitudinal directions about the basket cells would affect the Purkinje cells in an indirect manner, and, since the neuraxon of each basket cell bears baskets for several Purkinje cells, a number of these Purkinje cells would be "associated" in the same event.

The cerebellum has a threefold grasp on the cerebro-spinal axis: 1. By the direct cerebellar tract and the tract of Marchi and Loewenthal; by the restiform bodies and inferior cerebellar peduncles. 2. By the middle cerebellar peduncles connecting the nuclei of the pons and indirectly by these nuclei with the frontal lobes. 3. By the superior cerebellar peduncles where the corpus dentatum is connected with the red nucleus and where the cerebellum is connected with the nuclei of the optic thalamus, and through new neuraxons of the optic thalamus to the parietal, ascending frontal, and ascending parietal of the opposite side. In the red nucleus we have a point of union for impulses from the cerebellum on one side, and, on the other side, from the cerebrum.

PHYSIOLOGY OF THE CEREBELLUM AND MESENCEPHALON.

Cerebellum.—Mechanical irritation applied to the cortical substance of the cerebellum does not cause the animal to cry out nor are contractions of his members provoked. Even a prick or a wound that is not very deep in the cerebellar cortex does not cause any noticeable or constant disturbances, particularly in movements. Most often the only movements are those of the ocular globes.

However, a deep lesion of the cerebellum—a large compression, a tumor, hæmorrhage, the removal of all or a large portion of the cerebellum—determines a peculiar ataxia which shows the *loss of equilibration.* The animal, desiring to move, shows great uncertainty, irregularity, and want of co-ordination of movement. Often when it wishes to take some steps, it falls backward, slipping with the feet foremost.

The experiment succeeds best in birds. After removal of the cerebellum they can no longer keep their balance. This is known as

cerebellar tottering. Sometimes after several efforts they succeed in remaining upon their feet for a little while, but they soon fall and always in a particular manner. They slip either with the feet spread wide apart laterally, so as to touch the ground with the breast, or else, slipping with the legs extended forward, they support themselves with the wings behind. The head is folded with more or less twisting upon the back. When these animals continue to live for some time with such a lesion, they end by presenting characteristic obstructions with the feet, especially in the disposal of the toes.

A man with deep lesions of the cerebellum has very noticeably disordered movements in walking and standing erect. He cannot balance himself well. While walking he appears like one who is drunk. He suffers intense vertigo, with loss of balance, which renders all of his movements ataxic. This is especially so of motions of locomotion.

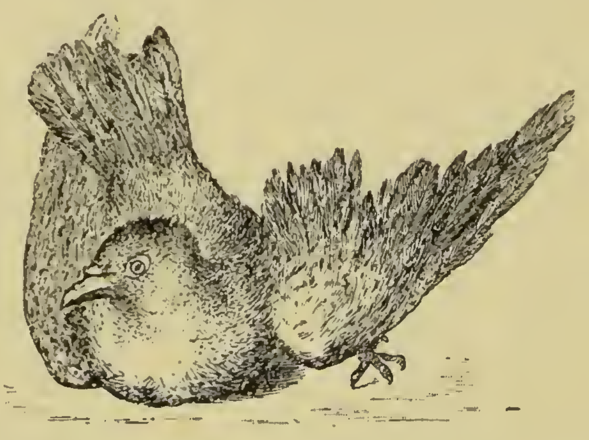

Fig. 111.—Effects of Removal of Cerebellum. (DALTON.)

From this it would seem that the cerebellum is the *center of the co-ordination of movements.* With the cerebellum destroyed, the animal can no longer balance itself. Atrophy of one cerebellar hemisphere follows atrophy of the opposite cerebral hemisphere, showing a close relation between them.

The function of equilibration is regulated by the cerebellum, which receives afferent impulses as follows:—

1. Tactile impressions by the posterior columns to the nuclei of Goll and Burdach and from them by the restiform body to the cerebellum. To prove that tactile impressions are necessary to co-ordination it is simply necessary to remove the skin from a frog, when it will not be able to leap, swim, or resume its natural position when placed on its back. In locomotor ataxia where we have a sclerosis of the posterior columns there is great difficulty in walking.

2. Visual impressions by optic nerve conveyed by the superior cerebellar peduncle. Ataxics are able to walk much better when they fix their eyes on the ground, and when they close their eyes walking becomes impossible.

3. Muscular-sense impulse through the direct cerebellar tract by the restiform body to the vermis.

4. Impressions from the semicircular canals, which will be considered under the "Semicircular Canals." Here the vestibular nerve carries impressions from the semicircular canals by the restiform body to the nucleus fastigii and nucleus globosus of the cerebellum.

The motor tract from the cerebellum is possibly the tract of Loewenthal and Marchi, which arises in the cerebellum and runs down by the inferior cerebellar peduncle to the antero-lateral column.

In addition to the tottering walk and vertigo, deep lesions of the cerebellum in man produce a tendency to *vomiting*. This is probably due to the irritation which spreads to the center of the origin of the vagus nerve in the underlying medulla oblongata. Sometimes there is found a disposition to dyspnœa and syncope for the same reason. Frequently there are changes in the organ of sight, as amaurosis, strabismus, and astigmatism.

Middle Peduncles.—Deep lesion of the middle peduncles of the cerebellum (those which pass to the pons Varolii), if made upon one side only produces in the animal a *tendency* to *turn* or *rotate* upon the principal axis of its body. If the lesion occur in the posterior part of the peduncle the rotation is toward the side where the peduncle is cut. The animal may make as many as sixty or more revolutions per minute. The rotation will be toward the opposite side when the anterior portion of the peduncle has been injured. This rotation is explained by Schiff, who admits paralysis of the rotary muscles of the head and one side of the spinal column.

Cutting the *middle cerebellar peduncle* brings on internal strabismus in the eye on the side operated upon, but external superior strabismus in the eye upon the opposite side.

Lesion of the *inferior peduncle* of the cerebellum or of the bulb becomes painful. Also the animal falls upon the opposite side and is unable to keep itself erect. The animal's body is presented curved in the form of an arch toward the side of the lesion.

Lesion of the *superior peduncle* does not give characteristic and precise phenomena.

The Pons.—The pons represents a crossed way of conductibility between the periphery of the body and the brain, and *vice versa*. Be-

sides, it is a co-ordinating center of the actions that pass through. The pons Varolii, at its anterior surface, shows itself to be but very little or not at all irritable. Posteriorly, there are signs of great pain and agitation in the animal under stimulation. Deep irritation causes convulsions and pains according to the kind of fibers irritated. The facial nerve is often found paralyzed upon the same side as the lesion and so opposite to the paralysis of the members and trunk. This condition is spoken of as *alternate hemiplegia.*

The pons Varolii is the *center of epileptiform convulsions.* Deep irritation with electricity to the substance of the pons causes general epileptiform movements in the animal. Nothnagel, by irritating with the needle, has defined the limits of the *spasmodic territory,* or *region* of *cramps.* This *convulsive center* is irritated by excess of CO_2 in the blood, or else by absence of the proper proportion of oxygen. Oil of absinthe is capable of irritating this center.

Cerebral Peduncles.—The *cerebral peduncles* contain all of the fibers of sensation and motion in the body and direct them (except a few) toward the large ganglia at the base of the brain. *Stimulation* of a peduncle produces pain and contractions in the opposite half of the body; section or deep lesion from disease produces paralysis and anæsthesia in the opposite half of the body.

The cerebral peduncles, therefore, carry: (1) the voluntary excitations to the nerves of motion and so to the muscles; and (2) the sensitive impressions made upon the peripheral extremities of the centripetal nerves up to the brain.

I have found in the cat that mechanical irritation of the locus niger will cause the bladder to contract, indicating a high detrusor center. Mechanical irritation to any part of brain in front of this point has no effect on the bladder.

In the greater number of unilateral lesions of the cerebral peduncle the so-called *movement in a circle* is observed. That is, the animal walks or flies, but always follows the curve of circumference. This is usually to the side opposite the lesion.

Corpora Quadrigemina.—In man atrophy of the opposite anterior quadrigeminal body follows removal of an eye. The anterior quadrigemina are also *centers for the reflex movements of the iris.* As the student already knows, the pupil contracts in the presence of strong light, but enlarges in a faint light or darkness. If the anterior quadrigeminal bodies be destroyed, the pupil remains immovable and dilated even in the presence of a strong light.

Besides these functions for the eye, the quadrigeminal bodies are

believed to serve other reflex actions. The posterior quadrigeminal bodies are pathways of auditory fibers. They are also regarded as centers of co-ordination of movements; their destruction is accompanied by disturbances of mobility.

PHYSIOLOGY OF THE OPTIC THALAMI AND STRIATED BODIES.

The *optic thalami*, if deeply stimulated or injured, appear to be but slightly irritable and little or not at all sensitive. The animal has shocks or shrinkings, but does not cry out. A deep lesion, made in the posterior third of the optic thalamus, determines in the animal movements in a circle from the injured side toward the sound side. If, however, the lesion be made in the anterior part of the thalamus, the circular movement is reversed.

Opinion seems to be divided as to the effect produced by lesion of the optic thalamus upon the visual function. It is concluded, however, that the surface of the thalamus (in conjunction with the corpora quadrigemina) is connected with sight.

In addition to the functions just mentioned, the *optic thalami* have an influence upon the sensibility of the opposite side of the body. That is, not conscious sensibility, but that tactile and muscular sensibility necessary for the execution of extended and co-ordinate movements. This is especially so for locomotion without the aid of the will. These movements, then, are none else than reflex. They respond to the impressions made upon the sensory surface of the body and reflected in the large, excitomotor centers, viz., the *thalami*. The thalami are *relay centers* for the *sensory tract*.

Thus, while a normal individual walks along a clear street, perhaps he thinks of his movements but once. During that short time his *will* directs his volitional impulses; the rest of his walk, on the contrary, is executed almost automatically. In this case the excitations take their departure from impressions upon the body by the ground, space, weight of the body, etc. These impressions are all summed up in the optic thalami, from which they return, co-ordinated, along the nerves of motion.

When the *striated bodies* are irritated they do not provoke any signs of pain. Though the animal remains relatively quiet under ablation of the hemispheres, yet it is seized with violent and convulsive contractions in the opposite half of the body when the striated body is hardly reached. This response is especially marked in the lenticulo-striate part of the internal capsule. By stimulating a stri-

ated body with electricity, tetanus in the opposite half of the body has been obtained. The corpora striata are *motor relay centers.* They also contain a *thermogenic center.*

EXPERIMENTAL PHYSIOLOGY OF CEREBRAL HEMISPHERES.

There are two great means that experimental physiology has at its disposal, viz.: *stimulation* (electrical, mechanical, chemical, and thermal) and *removal.* These are likewise applied to the most important and noble part of the nervous apparatus: the *cerebral hemispheres.* The experimental results are then compared with those

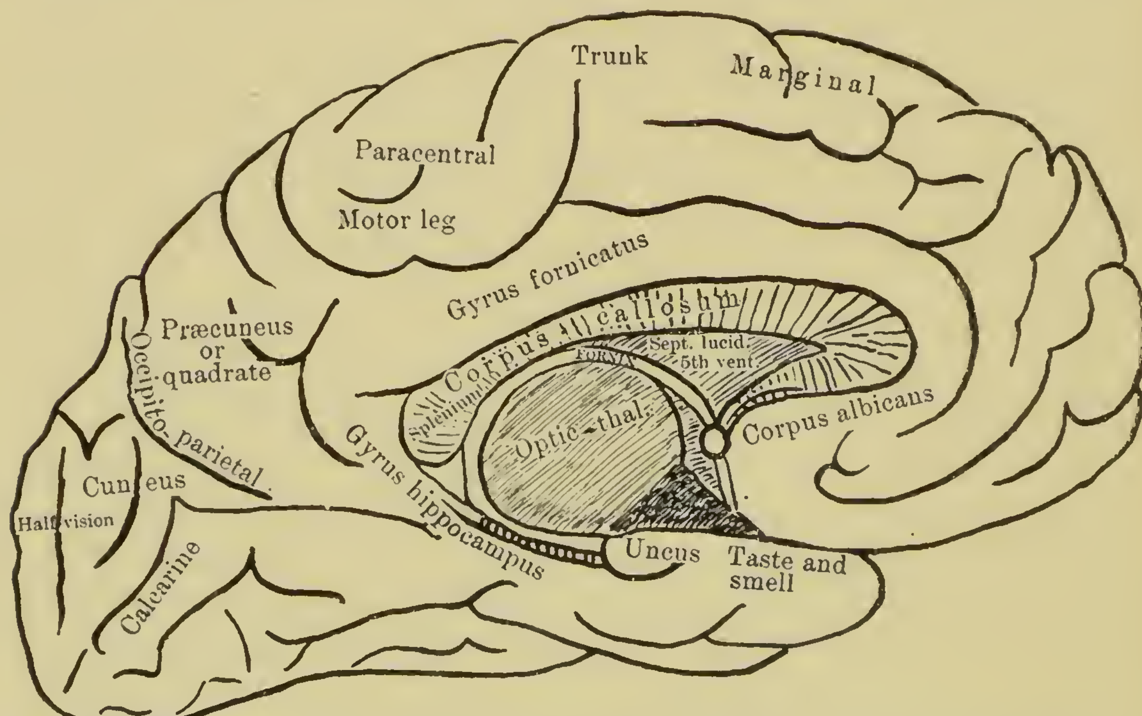

Fig. 112.—Left Cerebral Hemisphere in Man, Showing Areas of Localization.

observed in clinics from pathological lesions located and circumscribed in various points of the same hemispheres.

Some years ago all physiologists admitted the complete inexcitability of the cortical substance of the cerebral hemispheres. According to the view then held, mechanical, thermal, chemical, and electrical irritation of the convolutions did not determine phenomena of any kind.

Later, however, it was demonstrated that very slight electrical currents applied to the cerebral convolutions in dogs determined various movements in the head, limbs, eyes, etc. By this means the operator can cause the execution of various movements to suit his

will, as, for example, closing the fist, extending the arm, moving the leg, eyes, face muscles, etc. These results were best demonstrated in experiments upon apes. By experiments along this line it has become feasible to fix the seat of various cortical motor centers of the brain. In man himself experiments with electricity have been made upon the convolutions exposed from various causes.

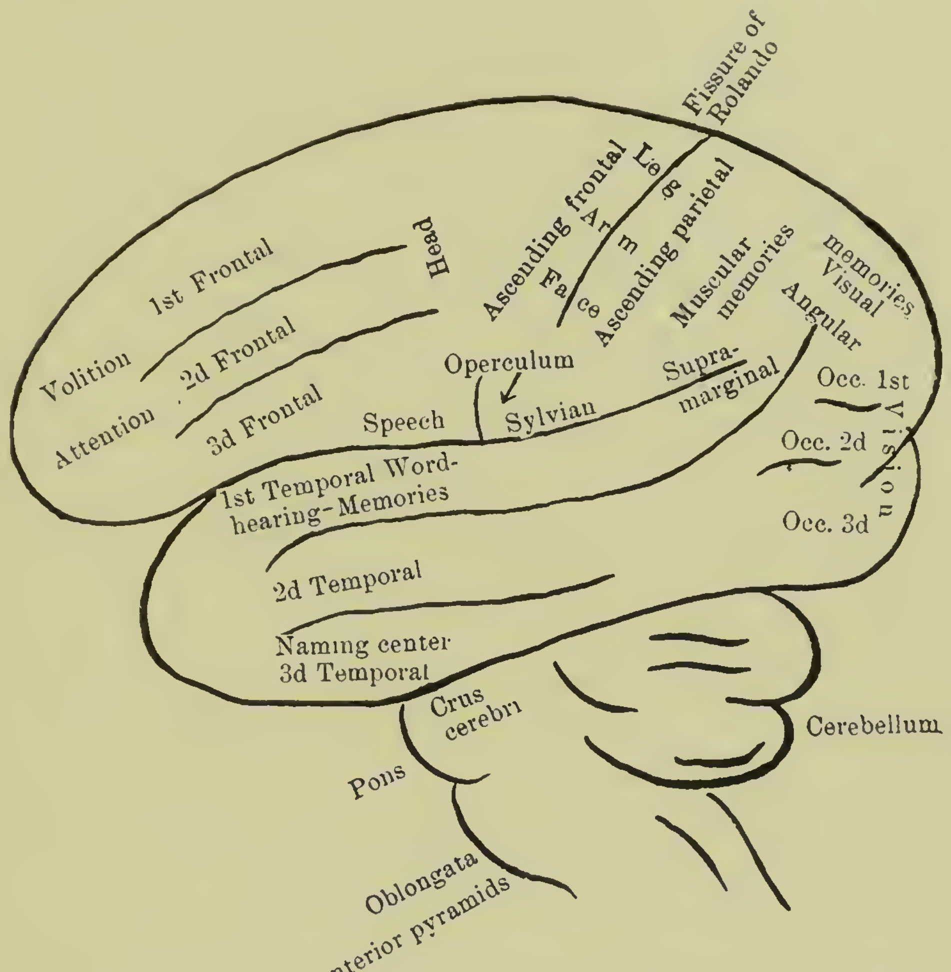

Fig. 113.—Left Cerebral Hemisphere in Man, Showing Areas of Localization.

Motor and Sensory Centers.

The motor centers are located in the ascending frontal, ascending parietal, and paracentral convolutions. The foot of the third left frontal convolution contains the center of speech.

The tactile centers have been located by the neurologist in the same area as the motor centers. The physiologist places them in the gyrus fornicatus.

The *visual area* corresponds to the occipital lobe. Its unilateral destruction produces bilateral, but passing, *hemianopsia*. Bilateral

destruction produces complete blindness at first, but later only amblyopia with impossibility of distinguishing objects. Excitation of this region on one side produces a sidewise movement of the eye toward the side of the lesion, with a contraction of the pupils, and known as conjugate deviation. Lesions of the cuneus are usually the cause of hemianopsia, or half-blindness.

The *auditory area* is found in the superior temporo-sphenoidal region. Its unilateral removal causes temporary deafness on the opposite side. Bilateral removal causes complete deafness on both sides. Excitation of this region determines movements in the eyes, pupils, head, and ears as if the animal had heard a loud sound.

The centers for taste and smell are localized in the uncus.

The motor speech center is located in the posterior part of the inferior left frontal gyrus and the island of Reil. When this center is destroyed there is produced a defect in speech known as aphasia, which is an inability to give correct utterance to thought. Another condition—inability correctly to write one's thoughts, and often associated with aphasia—is known as agraphia. A lesion of the base of the second left frontal convolution is probably the motor writing center. The tactile area, according to the physiologists, is found in the gyrus fornicatus; according to the neurologists, in the ascending parietal and parietal convolutions.

To conclude, it may be said that the normal, physiological significance of these cortical centers cannot be other than that they are *primitive motor* and *sensory centers.* The *motor centers* may be considered as the origin of primitive impulses which produce voluntary movements. They are, then, *psychical motor centers* or even *centers of motor ideation.*

The *sensory areas* would be centers of *conscious sensation,* or centers of *perception.* These various centers, by means of definite bundles of nervous fibers, are in relation with particular muscular groups or else with special organs and sensory regions.

PHENOMENA FOLLOWING THE DESTRUCTION OF ONE OR BOTH OF THE CEREBRAL HEMISPHERES.

Ablation of the cerebral hemispheres is generally performed in frogs or fowls, who seem to endure the operation sufficiently well. Mammals easily succumb.

The skin of the head being cut and the thin cap of the skull removed, the brain is reached. The incision of the meninges is pain-

ful, but, after gradually removing the mass of the hemispheres from above downward, the bird shows itself indifferent. In fact, it becomes more stupid and apathetic the more of the cerebral tissue is removed. The removal of the hemispheres completed without injuring the peduncular system, with its ganglia, and the hæmorrhage stopped as well as possible, the bird remains in a sleepy state. It has a tendency to bury the head and close its eyes; it breathes slowly, but does not walk away.

Under stimulation the bird reopens its eyes, raises the head, takes a few steps, then suddenly returns to its former position.

The bird, having recovered from its traumatism, the following phenomena are observed within a few days: The bird has become an *automaton*. It does not eat, so that it becomes necessary to put the food into its mouth. It moves not at all of its own volition; if pur-

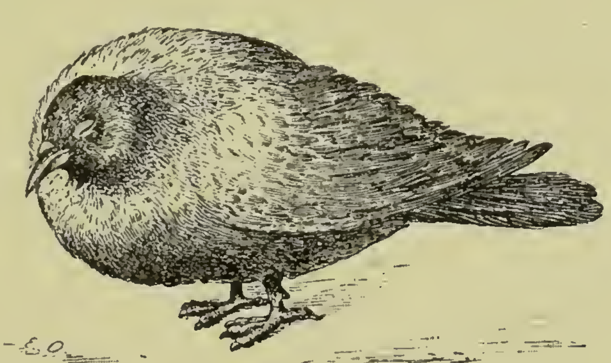

Fig. 114.—Effects of Ablation of Cerebrum. (DALTON.)

sued it takes some steps; its pupil contracts under the influence of the light, cries or tries to flee when the skin is irritated. It is startled by loud noises. For the rest there are no longer voluntary movements, and the few movements observed are aroused by external excitement, or some internal need. The movements are rubbing the skin with the beak, scratching the head with the foot, etc.

The *vegetative functions* (once that care is taken to nourish the birds and clean them) are performed without disturbances. If the bird lives for some time it shows a *general deposit of fat*. The skin and muscles in particular are seen to be infiltrated with adipose tissue.

In these birds there are only movements of a reflex nature.

Sensibility is blunted since the stimuli are not able to reach the cortical centers. Hence, they cannot provoke volitional acts in them. as Küss says, these birds live, but do not *perceive;* they hear, but do not *listen;* they are aware of stimuli upon the tongue, but do not *taste* them. They are just as a human being who is asleep or absorbed

in contemplation. He may drive a fly from the face without being conscious of it.

When *but one* cerebral hemisphere is removed without in the least injuring the other and the animal recovers, it does not show positive disturbances of intelligence or conscious sensibility or of voluntary motion. However, the opposite side shows weakness. Should the lesion extend to the underlying basal ganglia or to the peduncular system, there will be *complete hemiplegia* in the opposite side of the body. The same manifestations are observed in a man who has lost an entire hemisphere from a wound or from disease. There is no positive lesion of intelligence, but there is manifested very marked fatigue from intellectual labors. If the lesion has extended toward the peduncular base of the hemisphere, there is hemiplegia in the opposite side of the body.

The crowbar case is a much-cited instance. A workman twenty-five years of age was engaged in charging a blast in a rock. The instrument he used was a sharp-pointed bar, forty inches long, one and one-fourth inches in diameter and weighing twelve pounds. The charge was suddenly exploded, driving the bar so that it entered the man's lower jaw and came out at the top of the head close to the sagittal suture in the frontal region. It fell at some distance, covered with blood and brains. For the moment the victim remained unconscious. An hour after the accident he walked to the house of a surgeon, where he gave an intelligent account of the accident. For a long time his life was despaired of, but he finally recovered to live twelve and one-half years longer.

It may be concluded, therefore, that one cerebral hemisphere only is sufficient for the mobility and sensibility of the two sides of the body, as well as the performance of psychical functions. The individual with one hemisphere destroyed remains like one who has lost an eye. That is to say, the brain continues to perform its functions, animal as well as psychical, but with *noticeable weakness, greater effort,* and *fatigue.* The frontal lobes are the chief seat of the will, memory, and intellectual functions.

The *irritability* of the cerebral cortex may be diminished or exaggerated by various circumstances. Thus, opium, ether, chloroform, chloral, the bromides, cold, asphyxia, etc., diminish it. Inflammation, urea, uric acid, atropine, strychnine, etc., increase its excitability.

Action of Brain Extracts.—In 1898 I found that infusions of dried brain reduced the heart's frequency and the arterial tension. Section of the vagus or its paralysis by atropine did not prevent this

action. Halliburton did not obtain the same results after the use of atropine, but my experiments have been confirmed by Swale Vincent and Sheen. Quite recently Swale Vincent and Cramer have found two substances in brain, both depressing the heart even after the previous use of atropine. They also obtained another substance depressing the circulation, but its effects are abolished by atropine.

THE GREAT SYMPATHETIC.

The great sympathetic is composed of a double chain of ganglia, situated at the sides of the vertebral column upon its visceral surface and known as the lateral or vertebral ganglia. This chain may be divided into *four parts,* viz.: *cervical, thoracic, abdominal,* and *pelvic.* In addition to these main ganglia others are found either along the course of the *cranial nerves* (submaxillary, optic, spheno-palatine, ciliary, etc.) or interspersed among the *splanchnic organs.* These latter are found in the heart, lungs, mesentery, the intestines, bladder, vessels, etc., and are known as the prevertebral ganglia.

The ganglia of the two cords of the sympathetic are in relation with the cerebro-spinal axis by means of the *communicating branches.* These proceed from the anterior and posterior roots of the spinal nerves. They are constituted, for the most part, of delicate medullary tubes: centripetal and centrifugal. They come from the mixed nerves of animal life to enter the ganglia and so put themselves in relation with the ganglionic cells. From these cells, then, issue bundles of fibers known as *Remak's gray fibers.* These, joined to the medullary fibers of the communicating branches, go to make up the so-called *plexuses* of the great sympathetic around each organ of the neck, thorax, abdomen, and pelvis, consisting of the prevertebral ganglia. The preganglionic sympathetic fibers which are concerned in the nerve-supply of vessels, glands, or the visceral muscles pass through the chain of lateral or vertebral ganglia to end in some of the prevertebral ganglia. Here they arborize, making a sort of contact. From the prevertebral ganglia run fibers to the tissues concerned and these fibers are the postganglionic fibers.

A portion of the fibers issuing from the ganglionic cells *retrocede* into the *communicating branches.* They either distribute themselves to the mixed spinal nerves or else penetrate the spinal cord.

The plexuses of the sympathetic are *inseparable companions* of the arterial branches; their centrifugal branches go to the muscles with smooth fibers, while the centripetal branches are distributed, for the most part, to the mucous membranes.

The *cervical part* of the great sympathetic is composed of three ganglia with certain vasomotor branches which follow some of the neighboring large vessels.

The *thoracic portion* is composed of twelve ganglia upon each side. From this part issues the *cardiac plexus.* The inferior thoracic ganglia give off the *splanchnic* nerves, which are distributed to the plexuses of the abdominal viscera. Unlike the branches of the sympathetic, they are *white* and *hard,* like the spinal branches.

The *abdominal,* or *lumbar, part* consists of four ganglia whose branches, together with the splanchnic nerves, branches of the aortic plexus, and the right vagus nerve constitute the *solar,* or *cœliac, plexus.*

The *pelvic portion* consists of five or six ganglia, including the coccygeal ganglion.

As regards the *general physiology* of the *great sympathetic,* it can be said that this system gives to the mucous membranes and the innervated splanchnic organs an *obtuse sensibility.* That is, a sensibility which does not make the individual notice the *normal stimuli* (aliment, air, blood, liquids of secretion, etc.), but purely the *abnormal stimuli.* The latter produce a pain which is dull, not very well defined, and not localized. For this reason it is called *general sensibility.*

Furthermore, the sympathetic, with its centrifugal branches, gives to the smooth muscular fibers a *mobility:* that is, a mobility which never comes into play by volitional impulse. It is always aroused by reflex actions which give *reflex phenomena.* Contraction of smooth muscles, from excitation of the sympathetic, requires a long time of latent irritation; it is established slowly, and also disappears slowly. The actions, instead of being instantaneous and intense, become relatively unconscious, lasting, and weak.

If the spinal cord be wholly destroyed, stimulus to the intestinal mucous membrane is followed by peristalsis. This occurs from reflex action in the cells of the sympathetic plexuses existing between the layers of the intestine itself.

Finally, with the sympathetic run many *vasomotor, secretory,* and *trophic nerves.*

Literature Consulted.
Quain's "Anatomy."
Debierre, "La Moelle."

CHAPTER XV.

SPECIAL SENSES.

TACTILE SENSE.

The organs of special sense constitute the peripheral portion of the centripetal part of the nervous system. The nervous system is open to receive the impressions from the external world according to the nature of the different agents which must impress the organs of the special senses.

The various kinds of sense-organs have each a different construction. They are always adapted to receive an impression of a given agent. Thus, the eye is an organ that is particularly adapted to receive impressions from rays of light; the ear receives sound-waves; the skin is responsive to touch, etc.

Man is endowed with *five senses.* That is, he possesses five kinds of organs which are destined to give him notice of the impressions upon his nervous system from five different agents. To these agents man has assigned special names which recall their relations to the organs of sense, and without which they could not be conceived of. These agents, with the corresponding organs of sense, are (1) *contact,* which is perceived through the sense of touch, whose highest development is in the skin; (2) *taste,* a modification of touch is perceived through the *sense* of *taste* embodied in the tongue; (3) odor is recognized through the *sense* of *smell* as located in the nose; (4) sound-waves are made known to the economy through the *sense* of *hearing,* whose peripheral organ is the ear; and (5) light is perceived through *sight* by reason of the response produced in the eye from the excitation of rays of light.

The various peripheral organs of special sense respond best and give the clearest centripetal impulses when they are stimulated by excitations peculiarly their own. Thus, waves of light are best received by the eye, sound-waves by the ear, and so on. However, the fact must not be lost sight of that any *other* excitation than the proper one acting upon these organs will always be perceived by the individual in the same way as an appropriate impression. An induction current upon the skin will produce unpleasant *tactile sensations.*

Upon the eye it provokes *luminous sensations*, upon the ear *noise* sensations, and upon the tongue there is produced a sensation of *taste*. Yet in each case the stimulus is always the same.

In order that the impressions caused by the external excitants may be able to reach the consciousness of the individual, it becomes necessary that each organ of sense be furnished with centripetal nerves. These are in direct anatomical relation with the central nervous system. By means of these nerves the cortical portion of the cerebrum, endowed with consciousness, perceives the impressions coming from the external world. These are the so-called special, external, and objective sensations.

Among the *parts furnished* with nerves of general sensibility are the *mucous membrane* of the *digestive, respiratory,* and *genito-urinary tracts,* and the *skeletal muscles.* In the digestive tract, the mouth, pharynx, and anus are endowed with tactile nerves; the rest of the tract is furnished with nerves of general sensibility. The mucous membrane of the œsophagus gives us the sensation of thirst, the gastric mucous membrane the sensation of hunger and satiety, while the rectal membrane notifies the individual of the need of defecation.

Pulmonary tissue in itself has but very little sensibility; but abnormal irritations cause cough and painful sensations. The pleura, when invaded by disease, produces very painful sensations.

The *genito-urinary* membrane, besides its exquisite tactile sensibility, is also the seat of general sensibility that is doubly modified: in the need of urination and the sexual sense. The kidneys, ureters, testes, Fallopian tubes, and the uterus are endowed only with nerves of general sensibility.

The *skeletal muscles* are furnished with the so-called muscular sense. This is none other than general sensibility. It conveys disagreeable sensations only when the stimulus becomes intense or abnormal. When a muscle is irritated or lacerated it gives rise to pain. Fatigue is generally localized as an unpleasant sensation in the muscles. A proof of muscular sense is the employment of enough force to overcome resistance. Consciousness is a large factor in this last function, for by it the individual judges the amount of resistance. He then voluntarily regulates the amount of muscular effort.

It is by the sum of all the sensations from the nerves of general sensibility, as well as the sensation produced by muscular movement, that individuals feel that they exist. With these data the individual recognizes the state of different parts of his body, whether in repose or activity.

Laws of Sensations.—Special sensations are subject to the following laws:—

1. For every nerve of sense there is a nominal degree or limit of stimulus which gives no sensation whatever. There is also a maximum degree beyond which an increase of the intensity of the stimulus brings on pain or an unpleasant sensation.

2. The minimum limit varies for the separate sensations, or, rather, the single specific agents. Thus, the minimum for excitation of touch is a pressure of 0.002 milligram; for temperature, $^1/_8°$ C.; for sensation of movement, a shortening to the extent of 0.044 millimeter of the internal rectus of the eye; for hearing, the noise made by a ball of pith 1 milligram in weight falling 1 millimeter in height upon a glass plate heard at a distance of 91 millimeters from the ear; for sight, an intensity of light about one three-hundredth as strong as that of the full moon.

3. The intensity of the sensation is proportional to the intensity of the stimulus and the degree of irritability of the nerve at the moment of excitation. As the strength of the stimulus increases, so do the sensations. But the sensations increase equally when the strength of the stimulus increases in relative proportions. Thus, small noises will be distinguished in the silence, not in the midst of loud noises; a slight difference will be noticed between small weights, not between heavy ones. A burning candle in the daytime makes little impression.

4. Sensations do not increase in the same proportion as the stimulus. If the stimulus increase in geometrical progression, then the sensation increases in simple arithmetical progression. Rather, it increases as the *logarithm* of the *strength* of the *stimulus*. (This is Fechner's psycho-physical law.)

5. For the single, specific sense apparatuses, wherever a stimulus takes place, whether at the peripheral terminations of a nerve or in its course, or at its central point, the *individual always localizes with his perception the stimulus at the place where the normal stimulus operates.* That is, for sight and hearing he refers it to space; for the nerves of taste, smell, or touch, he refers it to the peripheral regions of his body, even if these be lacking. Thus, in an amputated leg, pain in the stump is referred to the toes. This is the law of eccentric projection of sensation.

Touch.

The organ of touch is represented by the skin and mucous membranes in proximity to the natural orifices of the body.

The skin, or common integument, is composed of the following layers: (1) the *epidermis;* (2) the *corium,* or cutis vera, with its papillæ; and (3) the *subcutaneous tissue* with the adipose tissue.

1. **The Epidermis** belongs to the tissues which are composed of simple cells united to each other by cement-substance. It in itself consists of several layers:—

(a) Stratum corneum. This is the superficial horny layer and consists of several layers of horny scales, without any nucleus. The layers are separated from one another by narrow clefts containing air. They are in a process of desquamation. The variable thickness of the epidermis is chiefly dependent upon the thickness of this outer layer. The stratum corneum is of greater thickness on the palm of the hand and fingers, and sole of the foot.

(b) The *stratum lucidum* is clear and transparent and consists of a few layers of clear cells which contain but the remains of nuclei.

(c) Stratum Granulosum.—Under this is the *(d) rete mucosum,* or *rete Malpighii.* This layer consists of strata of nucleated, protoplasmic, epithelial cells. In the colored races these contain pigment. Among the fair races this layer of the skin of the scrotum and anus contains pigment-granules. The deeper cells are more or less polyhedral, while the deepest ones are columnar. These last are placed vertically upon the papillæ and are provided with spherical nuclei. Granular leucocytes or wandering cells are occasionally found between these cells.

The superficial layers of the epidermis are continually being thrown off, while new cells are just as rapidly being formed in the deep layers. Within them there occurs a proliferation of the cells of the rete Malpighii. Many of the cells exhibit the changes of karyokinesis. No pigment is formed within the epidermis itself. But in brunettes and colored races pigment granules of melanin exist within the cells of the lowermost layers of the stratum Malpighii. The pigment-granules present here have been carried thither by leucocytes from the subcutaneous tissue. This explains how a piece of white skin transplanted to a colored person becomes black.

2. **The Corium,** or *cutis vera,* is a dense network of fibrous connective tissue admixed with elastic fibers. Its entire surface is studded with numerous *papillæ,* the largest of which are upon the volar surface of the hand and foot. The majority of the papillæ contain a looped capillary. In some regions of the surface of the body they contain *touch-corpuscles.* The papillæ are arranged in groups whose disposition varies in the several parts of the body.

The lowermost connective-tissue layers of the corium gradually merge into the *subcutaneous tissue.* Its arrangement is such as to leave spaces which contain, for the most part, cells of fat. The subcutaneous connective tissue composed of ordinary connective tissue, is soft, and is rich in adipose cells, vessels, nerves, and lymphatics.

Tactile Corpuscles.—The student well knows that in the epithelium of the skin and mucous membranes the nerves of common sensation are arranged, for the most part, in *networks* of fibrillæ. In addition to these there are other special terminal organs of sensory nerves. These are variously known as tactile corpuscles. These are concerned in the perception of some special quality or quantity of sensory impulses. They have their site, not in the surface of the epidermis, but deeper within the tissues. The principal ones among them are the *corpuscles* of *Pacini,* the *end-bulbs* of *Krause,* and the *corpuscles* of *Meissner.*

The tactile corpuscles of Meissner in the papilla of the cutis vera are oval bodies $^1/_{30}$ inch in length and nearly the same width. These are the corpuscles of the palm of the hand and sole of the foot. One or two medullated nerve-fibers are spirally twisted around it, and near the top of the corpuscles the nerves lose their white substance and the axis-cylinders end in flat bodies penetrating the surface of the corpuscle. The corpuscle is composed of flattened cells, which give it a striated appearance. These corpuscles are built up of a great number of tactile discs and of tactile cells. There are about twenty tactile corpuscles to a square millimeter of the skin.

The Pacinian or Vater's corpuscles are attached in greatest number along the digital nerves of the fingers and toes and occasionally on other nerves. These bodies are oval or pyriform, about $^1/_8$ inch in length and $^1/_{12}$ inch in thickness. They have a pearly luster and consist of a series of capsules or concentric layers of fibrous tissue, with here and there a nucleus. The outer capsules are separated more widely than the inner ones and the interspaces are filled with a colorless liquid. Each corpuscle is attached to a nerve by a pedicle of fibrous tissue through which extends a single nerve-fiber, which, penetrating the series of capsules, terminates by sending its neuraxon into the central cavity of the corpuscle, at the top of which it ends in a simple extremity. Each corpuscle is covered with forty or fifty capsular layers.

Krause's End-bulbs.—The tactile corpuscles of Krause are elongated, oval bodies, into one end of which a nerve-fiber penetrates. Externally they have a covering of connective tissue, a continuation

of the perineurium, and an internal knob of granular matter disposed in concentric layers with a few nuclei. In the center of this knob is found the axis-cylinder which runs through it like a ribbon to the upper pole and then ends in a slight thickening. These bulbs are found in the basement membrane of certain mucous membranes, as in the corneal conjunctiva, in the mucous membrane of the mouth, in the clitoris, and in the glans penis. They are also to be found in the skin.

Corpuscles of Grandry or Merkel consist of two or more flattened cells, each larger than a simple tactile cell. Each cell is nucleated, and the nerve-fiber, before entering the corpuscle, loses its white sheath, and the axis-cylinder ends as a flat disc lying between the two tactile cells. These tactile cells are piled one upon the other so as to form a heap of cells. They are found chiefly in the beak and tongue of the duck and in the epiderm of man.

Other Modes of Ending.—In addition to sensory nerves ending by special structures as those just described, there are some which do not possess such elaborate apparatus. In the case of many nerves, the axis-cylinder splits up into fibrils which are arranged in the form of a network. From this somewhat deeply placed network very fine fibrils or fibrillæ are given off to terminate in the tissues to be supplied. The fibrillæ have their terminus in free ends lying between the epithelial cells. In many cases the free ends are seen to be provided with small enlargements. These latter are known as *tactile cells.*

Knowledge Gained.—By the sense of touch one feels the contact of bodies and their temperature, whether these bodies be solid, liquid, or gaseous. This special sense also defines at the same time the *locality* of the impression made by the external agent. The judgment of locality is not, however, free from error. It is really exact for but a few points; that is, wherever the touch is delicate. On the other parts of the skin the individual never exactly divines the point pressed upon; so that he makes mistakes of millimeters, centimeters, and even decimeters.

In sensory *nerve-trunks* there exist different kinds of nerve-fibers; some administer to *painful* impressions and others to *tactile* impressions. Sensations of temperature and muscular sense belong to the latter group.

Sense Spots.—The surface of the skin is found by experimentation to be composed of very *small sensorial areas.* Between these areas are found little fields which are insensitive and which are relatively

much larger than the sensitive areas, or "spots." It has been demonstrated that each "spot" has its own specific function to perform, whether that be touch, cold, warmth, or pain. Each little sensitive area no doubt marks the site of single or groups of sensory corpuscles, end-organs, or bulbs, of the terminations of various nerves. Where the nerves terminate, there are the sense-spots represented upon the skin's surface.

Some one has very aptly likened the skin with its sense-spots to a pond upon whose surface, as well as just below the same, are seen lily leaves floating. The leaves represent the sense-spots. A pebble thrown into the pond may strike one or more leaves, depending upon how close together they are growing. The pebble represents a stimulus, and by its presence temporarily stirs up or throws into a state of excitation the leaves struck as well as some of those adjacent.

Upon the skin's surface may be demonstrated "touch-spots," "cold-spots," "warmth-spots," and "pain-spots." These are all mixed up, though those of one kind may be more strongly in evidence in certain areas. As a rule, "pain-spots" are found to be the most numerous; "warmth-spots" are the least likely to be found.

Solids.—These act upon the sense of touch either by *pressure* or by *traction*. Pressure may be from zero to a maximum whose limit is the disorganization of the tissues. Up to a certain minimum, which depends upon the sensibility of the region, the application of pressure excites no sensation. The minimum pressure corresponds to the sensation of simple contact; this by degrees gives way to the sensation of pressure. When the pressure is sufficiently increased there results pain. This in turn disappears when the pressure is increased to disorganization of the tissues.

Pressure varies not only in intensity, but in extent. No matter how the latter may be limited, the pressure always affects at least more than one peripheral nerve-ending.

When tactile sensations are very light and succeed one another rapidly, a large number of nerves is stimulated. The sensation excited is a peculiar one: that of *tickling*.

Traction upon the hair and nails determines pain much more rapidly than does pressure.

Liquids.—Liquids applied at the temperature of the skin exercise a uniform pressure upon all parts of the cutaneous surface excepting those at the level of the surface of the fluid.

If a finger be plunged into a heavy fluid, as metallic mercury, the part submerged bears a pressure which decreases from below upward

uniformly. It is only at the surface of the liquid that a marked inequality of pressure exists. It follows a circular line which surrounds the finger at this level and can be plainly felt by the individual. If a lighter fluid, as water, be used, the pressure sensation is but very slight.

Compound Tactile Sensations.—These may be simultaneous or successive. Simultaneous tactile sensation may be either double or multiple. Double sensations, whether of contact, pressure, or traction, are shown only when the stimuli are applied at a certain distance from one another. If the stimuli be near enough, the sensation remains single even though the stimulus has been applied to the skin in two places. The earliest systematic experiments upon this subject were by Weber. He touched the various points of the skin's surface with a pair of carpenter's compasses and then observed the distance of separation necessary to give a distinct impression of two points of contact. The instrument now used for this purpose is the *æsthesiometer.* From the table compiled by Weber it is found that the tip of the tongue is most sensitive, while the thigh and arm are least so. In the case of the tongue, the minimum separation necessary for the impression of double contact is but 1.1 millimeters; 67.6 millimeters are necessary in the case of the thigh and arm. The connection between the mental and physical conditions explains certain *illusions* of tactile sensations. Of these, the best known is the so-called experiment of Aristotle. When a pea or small ball is rolled between the *crossed* index and middle fingers of a blindfolded person there results a sensation of *two balls* being present instead of one.

There are *spots of temperature* which have been worked out by Goldscheider. They are found to be arranged in a linear manner and generally radiate from certain points of the skin, usually the hair-roots. The chain of "cold-spots" does not coincide with those of "warmth-spots." The sensation of cold occurs at once; that of heat develops gradually. As a rule, the cold-spots are more abundant over the entire body surface. The hot-spots may be quite absent. The minimal distance on the forehead for cold-spots is 0.8 millimeter, while for warmth-spots it is 5 millimeters.

Protection of the Organs of Touch.

The means are the *cutaneous oil* and the *horny appendages.* The cutaneous oil is the product of the sebaceous glands of the skin. They are found in every area of the skin, but are less numerous than the sudorific glands except in the palms of the hands and soles of the

feet. They may be large, as in the nose; these usually have fine, downy hairs near their mouths.

The sebaceous glands are situated more superficially than the sweat-glands. They are white granules annexed to the hair-follicle, in which their excretory duct ends. Their size is, in general, inverse to the volume of the corresponding hair-follicle. Where the hairs are large the sebaceous glands seem to be appendages, and when the hairs are small its hair-follicle seems to be an appendage of the sebaceous gland. The glands are aciniform, surrounded by a thin, connective tissue with a basement membrane studded with epithelial cells infiltrated with fat, and the cells are more fatty in the direction of the excreting duct, where is found free fat, due to the destruction of the cells. When the sebaceous secretion stagnates, it forms a fat-like mass which, when expressed, as in the nose, forms the comedo, a wormlike body. The black-heads, as they are called, consist of dirt in the surface of the gland. When the comedo is expressed the duct has been mistaken as the head of the worm. The sebaceous matter contains, even in healthy individuals, the pimple-mite, or *Demodex folliculorum*.

There are three varieties of sebaceous secretions: (1) that of the skin, (2) the vernix caseosa of the newborn child, and (3) the smegma of Tyson's glands of the prepuce.

Function.—The sebaceous matter anoints the hairs with oil in their progress of growth from the skin. The greasiness of the surface of the skin caused by this secretion permits the dust readily to adhere, which makes soap necessary to remove its excess. Sebaceous secretion is made up of olein, palmitin, cholesterin, and earthy phosphates.

The organ of touch is also protected by the horny layer of the epidermis, whose cells are being constantly removed by friction and as constantly renewed by proliferation of the cells of the cutis vera.

The *modifications* of the epidermis in man are the *hair* and nails.

Hair.—The hairs are threadlike appendages to the skin projecting from almost every part of its surface except the palms and soles. They are flexible, elastic, and shining, but vary in degree of development, fineness, color, and form in different races and the sexes as well as in different persons. The color of the hair varies from a light color to a black. The black hairs are found in all parts of the globe and in all latitudes, as in the Esquimaux, negro, Indian, and Malay. All the colored races have black hair, and this is true in some groups of the white race. Red hair is represented in all races. The hair is

composed of a projecting part, the stem, terminated by the point, or end. The portion inserted into the skin is the root, which begins in a clublike expansion. The hairs generally project obliquely from the skin. The hairs of the white race are cylindrical; the hair of the negro flattened cylindrical. In structure the hairs consist of an exterior cuticle, a cortex, and an interior medulla. The cuticle consists of a single layer of thin, colorless, quadrilateral scales which overlap like the shingles of a roof. The edges of the scales are directed upward and outward along the shaft. The cortex makes the chief part of the hair, and it is that upon which the color of the hair mainly depends in different individuals. The cortical layer is made up of elongated, fusiform cells containing a lineal nucleus. When the coloring matter disappears in the cortex the hair becomes white. The medulla is frequently absent, especially in the dark-colored hairs. It occupies the axis of the hair. It consists of cuboidal cells with granular contents and an indistinct nucleus. The medullary substance is generally mingled with more or less air, in small bubbles, which penetrates from the ends of the hairs and gives to these when white the characteristic silver luster. The root of the hair is lodged in a flask-shaped receptacle of the skin called the hair-follicle, at the bottom of which is a papilla from which the hair grows. "Goose-flesh" is due to minute muscles contracting and causing the hair-follicles to become erect. At the same time the sebaceous glands are compressed, favoring the exudation of the sebaceous secretion.

Chemically, the hairs are mainly composed of an albuminoid derivative, keratin, in which a notable quantity of sulphur is present: about 5 per cent. In the ashes are found the phosphates, earthy sulphates, oxide of iron, and pigment.

Function.—The large hairs serve to protect the skin, breaking shocks and preventing a considerable loss of heat. In other places, like the armpits, they prevent friction and attrition of the skin layers. The downlike hairs render the touch more delicate.

Nails.—The nails are hard appendages of the skin, and correspond to the claws of other animals. They are flexible, translucent, square-shaped plates continuous with the epiderm and resting on a depressed surface of the dermis called the matrix, or bed.

The exposed part of the nail is the body and its anterior end is its free border. The root of the nail is lodged in a deep groove of the matrix and the lateral borders are received into shallow grooves. The half-moon, or lunule, of the nail is due to a less degree of vascularity of the matrix at the root defined by a semicircular line. The

horny layer corresponds to the cuticle of the epiderm, and is composed of flattened, nucleated cells. The soft layer of the nails, the stratum mucosum, corresponds to that layer of the epiderm. The nails grow in length by new cells at the root, in thickness by additions beneath the nail.

The nails serve to protect the skin at the tips of the phalanges, and, at the same time, perfect the touch of the fleshy parts of the fingers. The average growth of the nails is about one-eighth of an inch per month.

CHAPTER XVI.

SPECIAL SENSES (Continued).

THE SENSE OF TASTE.

Taste is an organ of special sense, by which as a medium the individual perceives savory impressions. Its principal uses to the economy are two: First, it acts as a guide to the individual in his choice of food, at the same time, rendering its mastication a matter of some pleasnre. Secondly, it excites the salivary glands *reflexly,* so that they pour out their juices into the mouth.

The organ of taste is seated in the *oral cavity* and in the mucous membrane of the *tongue.* Its limits are not well defined. The difficulty in their determination depends upon the double fact that these organs of taste are endowed with a very delicate sensibility of a tactile nature, and that the gustatory sensibility and the organ of smell are in very close proximity to one another. For these reasons one may very easily believe that certain regions of his mouth are gustatory, when in reality the substances which have touched them have only produced tactile or olfactory impressions.

Still it has been shown that the principal regions of the oral mucous membrane designed to perceive taste-impressions are at the *base* and *edges* of the *tongue.* In a secondary degree, also, gustatory impressions are perceived in the anterior surface and edge of the soft palate, and the anterior portion of the tongue. All other portions of the month are incapable of taste-impressions.

The Tongue.—The principal organ of the sense of taste is undoubtedly the tongue. Its anatomical structure as a muscular organ has already been described when discussing deglutition and the part it played in the rôle of that important function. At this time it remains but to review such portions as have a direct bearing upon its rôle as a gustatory member.

There are three kinds of papillæ in the mucous membrane of the tongue: the *circumvallate, fungiform,* and *filiform.* They extend from the tip of the tongue to the foramen cæcum. The papillæ consist of elevations, visible to the naked eye and covered with stratified, squamous epithelium. The central body of each papilla contains connective tissue, blood- and lymph- vessels, and nerves.

The circumvallate papillæ, the largest of the varieties and about a dozen in number, form a V-like row, defining the papillary layer at the posterior third of the tongue. They have the form of an inverted cone surrounded by a ringlike wall-elevation.

The fungiform are next in size, and more numerous than the circumvallate. They are small, red eminences scattered over the surface of the tongue, but are especially numerous at and near the tip. They are rounded at the free extremity and narrower at the point of attachment to the tongue.

The *filiform* papillæ, smaller and more numerous than the others, are crowded in the spaces between the others, but are arranged in rows diverging from the median line of the tongue.

Nerves. — The tongue receives three nerves: one of *motion,* the *hypoglossal,* which animates the muscles; and two other *sensory* branches—the *lingual* branch of the *glosso-pharyngeal* and the *lingual* branch of the *trigeminus.* The former of the latter two branches spreads in the mucous membrane at the *base* and *edges* of the tongue; the latter is distributed to the mucous membrane of the anterior two-thirds of the tongue. The branches of the glosso-pharyngeal are especially concerned in sensations of *bitterness,* while the branches of the trigeminus are affected principally by *sweet* and *acid tastes.*

Section of the hypoglossal upon both sides causes paralysis of the tongue without injuring its tactile or gustatory sensibilities. Section of the lingual branch of the trigeminus causes only loss of fine tactile sensibility and gustatory sensibility of the anterior two-thirds of the tongue.

Section of the glosso-pharyngeal causes loss of tactile and gustatory sensibility in the mucous membrane at the base of the tongue. Such an animal can swallow bitter and nauseous substances, like colocynth, with impunity.

The gustatory action of the lingual branch of the trigeminus comes from the chorda tympani. The latter is a small nerve which begins in the facial and traverses the middle ear to join the lingual branch at the level of the pterygoid muscles.

The chorda tympani nerve passes from the tongue to the nerve-centers through the lingual nerve, the facial, and finally through the intermediate nerve of Wrisberg.

Taste-organs.—The terminal branches of the glosso-pharyngeal nerve end in the *taste-bulbs.* The taste-bulbs are oval bodies imbedded in the epithelial layer. Each taste-bulb is formed of two kinds of elongated epithelial cells, and their whole outline is barrel-shaped.

The *taste-cells* are narrow and slightly thickened in the middle, where the nucleus is situated. The taste-bulbs occur chiefly on the sides of the circumvallate papilla, although a small number of them are on the fungiform and the soft palate. The end of the taste-bulbs near the surface have a minute, funnel-like opening called the *taste-pore.* The number of *taste-bodies* is very great. If the glosso-pharyngeal nerve is cut, the taste-bodies degenerate.

The proper stimuli for the end-bulbs of the gustatory nerves are the *savory* substances. These must be dissolved in the liquids of the mouth before they can penetrate the outer cells of the mucous membrane to come into contact with the nerve-filaments in the imbedded

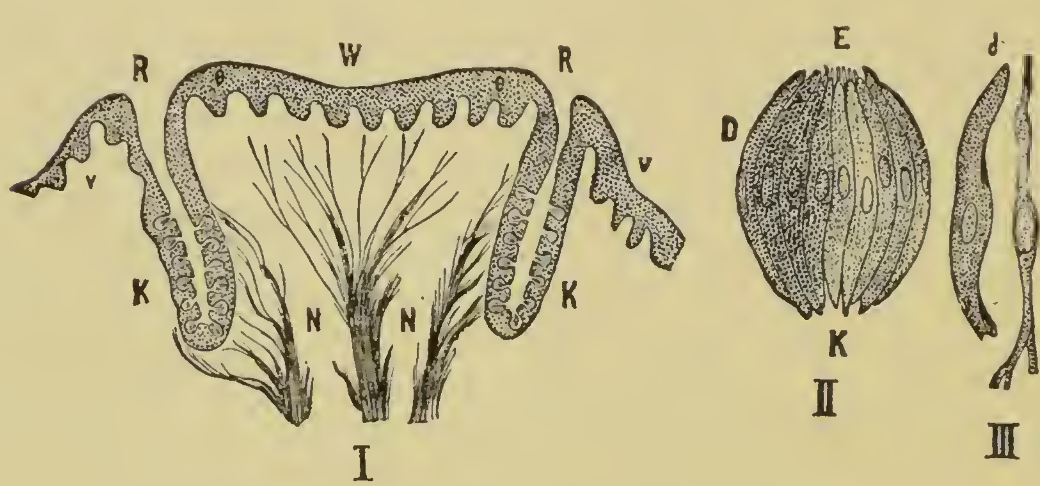

Fig. 115.—Structure of the Taste-organs. (LANDOIS.)

I. Transverse section of a circumvallate papilla. *W*, the papilla. *v*, *v*, The wall in sections. *R*, *R*, The circular slit, or fossa. *K*, *K*, The taste-bulbs in position. *N*, *N*, The nerves.

II. Isolated taste-bulbs. *D*, Supporting, or protective, cells. *K*, Lower end. *E*, Free end, open, with the projecting apices of the taste-cells.

III. Isolated protective cell (*d*) with a taste-cell (*e*).

bulbs. The most suitable temperature for the thorough testing of liquids is 100° F.

The *intensity* of the gustatory impression depends upon various factors: the nature of the substance, the duration of the impression, sensibility of the region touched, and the stimulating action of the substance upon the mucous membrane. The *flavor* of a substance does not depend upon its chemical properties, for both quinine and sulphate of magnesia are bitter; sugar, chloroform, and glycerin are sweet.

Improper stimuli give gustatory impressions. Thus, the galvanic current applied to the tongue gives an acid taste at the positive pole and a weaker, alkaline taste at the negative pole.

Varieties of Substances.—Of the gustatory substances there are *four:* (1) *sweet,* (2) *bitter,* (3) *acid,* and (4) *saline.* In addition to these fundamental substances there are *compound* gustatory impressions, or a confusion of gustatory sensations with those which are tactile or olfactory. Thus, there is known the piquant taste of cheese, the caustic taste of mustard, and the aromatic taste of strawberries.

The *acid* and *sweet* tastes are best perceived at the *tip* and *edges* of the tongue; the *salty* and *bitter* tastes are comprehended at the *base.* This leads to the result that some substances have a different taste, dependent upon whether they touch the tip or the base of the tongue. Thus, acetate of potassium at the tip of the tongue is acid, and at the base it is bitter.

The four primitive tastes are not all perceived at the exact time of their impression upon the tongue. The salty is first perceived, then the sweet, next the acid, and last the bitter.

Tactile sensations by astringents (tannic acid) or thermal sensations (mustard) are usually confounded with taste proper. The taste of vanilla is but an olfactory impression.

Drugs.—By the action of drugs one is able to abolish certain tastes more readily than others. Cocaine upon the tongue abolishes tactile sensations and the taste for bitter things, but does not interfere with voluntary movement.

The leaves of *Gymnema sylvestre,* when chewed, destroy the sense of taste for bitters and sweets, while that for salts and acids remains.

The Taste-center, to which the gustatory nerves send their impressions, lies in the *uncinate gyrus.*

CHAPTER XVII.

SPECIAL SENSES (Continued).

THE SENSE OF SMELL.

The seat of the sense of smell resides in the cavities of the nose. Kant has very aptly spoken of smell as "taste at a distance."

The organ of smell resembles those of sight and hearing in that it consists of a special nerve which ends in a specialized epithelium. In this case the special nerve is the *olfactory;* the specialized epithelium is the mucous membrane of the upper portion of the nasal cavity. It is in this portion of the mucous membrane that the filaments of the olfactory nerve are distributed. For that reason it has been termed the *regio olfactoria,* and comprises the upper portion of the septum, the upper turbinated, and part of the middle turbinated regions. All other portions of the nasal-cavity covering is known as the *regio respiratoria,* or simply the Schneiderian membrane. During ordinary respiration the currents of air in their passage in and out are, for the most part, confined to this latter region. The mucous membrane which covers this portion of the nasal cavity is, in structure and appearance, very similar to that of the trachea. It is composed of layers of ciliated epithelium which rest upon a basement membrane rich in blood-vessels and lymphatics. Among the ciliated cells are found numerous goblet and mucous cells whose secretions keep the surface of the mucous membrane soft and moist. In it are numerous filaments of the trigeminus which endow it with tactile sensibility. There are *no* filaments of the olfactory nerve in this region.

The *olfactory mucous membrane* is thicker than that of the respiratory portion. To the naked eye it presents a yellow or brown-yellow color because of the pigment contained within it. By reason of its color it is very readily distinguished from that of the Schneiderian membrane. Its surface is covered by a single layer of *cylindrical epithelium* whose cells are often branched at their lower ends.

The olfactory region contains the *olfactory cells.* These possess a body of spindle shape with a large nucleus containing nucleoli. In the deeper part the olfactory cells pass into and become continuous with fine fibers. These last pass into the olfactory nerve.

The *olfactory,* the nerve of smell, issues by two roots, each from the corresponding hemisphere. The fibers are composed of medullated and nonmedullated fibers.

These latter fibers proceed from the olfactory bulb.

The olfactory bulb is a part of the cerebral cortex and is an oval or club-shaped mass of gray matter which rests on the cribriform plate of the ethmoid bone, through the foramen of which it is connected with the olfactory nerves. The olfactory nerves are twenty in number and are the central coursing of the neuraxons of the rod-shaped olfactory nerve-cells in the olfactory region of the nose. They pass through the openings in the cribriform plate and terminate in arborizations about the dendrons of the mitral cells of the olfactory glomeruli. These bipolar cells greatly resemble the cells of a ganglion of a posterior root of the spinal cord, one neuraxon going to the olfactory mucous membrane and the central neuraxon connecting with the olfactory bulb.

The olfactory bulb from without inward consists of four layers:—

1. The nerve-fibers.
2. Stratum glomerulosum.
3. Stratum gelatinosum.
4. Layer of central nerve-fibers.

In the first layer each fibril is a central neuraxon of a rod-shaped nerve-cell from the olfactory mucous membrane. The fibers of the olfactory nerves pass into the glomeruli lying beneath. Within the glomerulus the endings of the olfactory fibril come in contact with an olfactory end-brush of an apical dendron of a mitral cell.

In the stratum glomerulosum each glomerulus consists of the terminal arborizations of an olfactory nerve-fiber, together with the olfactory end-brushes from the apical dendrons of the mitral cells.

The stratum gelatinosum in its inner part contains two chief forms of cells: the deep and superficial layers of mitral cells which correspond to the pyramidal cells of the cerebral cortex.

The fourth layer in its outer part has a large number of very small granular cells between which pass the descending neuraxons of the mitral cells. The nerve-fibers of the olfactory bulbs collect at their posterior extremities into two bundles: the olfactory tracts. The outer root-fibers of the olfactory tract come into relation with the gyrus hippocampus, the uncus, and cornu ammonis. The inner root-fibers pass into the gyrus fornicatus.

Olfactory Sensations.—The student, in order to obtain clear-cut ideas as to the mechanism of the special sense of smell, should bear

in mind the principle of the arrangement of the olfactory nerve-terminations. It is recalled that within the mucous membrane lie the olfactory cells. From the peripheral end of each cell project seven or eight ciliumlike processes. These not only project to the surface of the mucous membrane, but even to the *surface of the serous fluid* moistening the membrane. Thus, the terminal filaments are placed in an *exposed position* so that they may very readily respond to any irritant.

The *proper stimulus* for olfactory-nerve filaments are *odorous substances* which reach the regio olfactoria through the air and must be in a volatile state. Hence, olfactory sensations are produced by volatile, odorous particles coming into *direct contact* with the exposed nerve-filaments during the act of inspiration. As the regio olfactoria is located in the highest portion of the nasal cavity, it becomes necessary for the individual to cause the inspired air forcibly to reach this area. This is accomplished by the act ordinarily known as "sniffing."

During ordinary respiration the inspired and expired air courses along close to the septum and below the inferior turbinated bone. Should the respired air be heavily charged with odorous particles, of course some will find their way into the regio olfactoria, as the air in this compartment is gradually changed. There will then result a sensation of smell, but it will be faint and not so sharply defined as when the person sniffs. By the latter process the air is changed more quickly, and a greater number of volatile particles irritate the exposed nerve-endings, with the result of a sharply defined sensation. The sensation seems to occur at the *first moment* of contact of the odorous particles with the mucous membrane. The olfactory nerve tires very quickly when an odor acts for a certain time; the effect becomes weaker and weaker little by little, until the odor is finally unperceived.

Should the free movement of the air be prevented,—as, for example, when nasal catarrh brings on a tumefaction of the mucous membrane of the inferior turbinate,—the odorous impression cannot take place.

In case many different odors act simultaneously upon one nasal cavity, the individual receives a mixed sensation. Should but two odors act, the one is perceived on the right half of the mucous membrane of the cavity, the other upon the left half. There is not a true mixture, for the person perceives slightly the one odor and slightly the other.

Secondary Sensation.—The olfactory impression having been made, the secondary aftersensation often remains for a long time. This is particularly the case with strong, disagreeable odors. This phenomenon is explained on the supposition that the odorous particles remain in the cavity of the nose, even in the air. It is not believed that the manifestation is due to persistence of excitation of the olfactory nerve-fibers after the stimulus has been removed.

There are *subjective olfactory sensations* which are true hallucinations. They are often met with in demented, hysterical, or pregnant women. These sensations owe their existence to some material alteration of the nervous apparatus.

From impressions truly olfactory it becomes necessary to distinguish the gustatory as well as tactile or irritative sensations upon the nasal mucous membrane. The irritation and even pain produced by the vapors of ammonia often lead it to be improperly classed as "having a bad odor." Experimentally, a dog with both olfactories divided always starts from the odor of ammonia or of acetic acid. This is due to painful stimulation of his Schneiderian membrane, which gets its sensory nerve-filaments from the second branch of the trigeminus.

Uses.—The organ of smell represents an advance sentinel for the functions of respiration and alimentation. Among the lower animals it serves for the recognition of sex.

Hyperosmia and Anosmia.—Hyperosmia, or increased sensitiveness of smell, is a common condition. It is very apt to be found in hysteria and in many other nervous disorders. Strychnine is one of the drugs which is capable of producing this condition when it is applied locally in solution.

Anosmia is a term used to designate a condition which is the reverse of the one before mentioned. It may be complete, when it is usually congenital. In such a case the olfactory nerves are absent. It is more usual, however, to find the condition *partial*. Its causes may be stenosis of the nasal cavities, disease of the olfactory mucous membrane, or nervous diseases. Strychnine often relieves the condition.

The Center of Smell lies in the tip of the uncinate gyrus upon the inner surface of the cerebral hemisphere.

CHAPTER XVIII.

SPECIAL SENSES (Continued).

THE SENSE OF HEARING.

By means of the special sense of hearing the individual gains knowledge of a kind differing from the just-mentioned senses. It does not tell him what is going on in the outer world by actual contact, as in touch or taste; nor yet by particles of matter impinging upon the exposed end of nerve-filaments, as in the sense of smell. In the special sense of hearing the impressions conveyed to the central nervous system are produced by wavelike vibrations in the surrounding air. For the reception of these vibrations, so that they may be properly interpreted and the corresponding impressions conveyed to the brain, it becomes necessary to have a special sense-organ: the *ear*.

The Ear.

The organ of hearing in its greatest simplicity may be represented by a small membrane stretched like a drumhead over the bottom of a funnel-shaped tube. The tube opens upon the surface of the body so that it is in direct communication with the enveloping atmosphere. The membrane is so disposed that it is readily thrown into vibrations when the external air becomes undulatory as the result of vibrations of some body. Its vibrations are communicated to an inner vesicle that is filled with a liquid. The liquid is likewise thrown into waves whose undulations stimulate the ramifications of the auditory nerve which are spread out upon the walls of the vibrating vesicle.

Anatomy.—The apparatus for hearing is composed of three parts: *external ear, middle ear,* and *internal ear.*

External Ear.—The external ear is composed of the *auricle* and *external auditory meatus.*

The *auricle* has the form of an irregularly shaped shell. It is composed of yellow, elastic cartilage which is covered over with skin. From its shape one might readily believe that the function of the auricle is to collect and reflect sound-waves into the auricle: that is, to behave in the capacity of an ear-trumpet. But it is found that hearing is perfectly normal in those persons from whom the external ear has been removed by accident or otherwise.

The *external auditory meatus* and *canal* extend from the concha of the auricle to the tympanum. The canal is composed partly of cartilage and partly of bone; the bony portion belongs to the temporal bone. The canal is lined by skin, which contains modified sebaceous and sudoriferous glands. By the glands is secreted the *cerumen*, or earwax.

The internal end of the auditory canal is bounded by an ellipsoid structure which is composed of three layers of tissue: the *tympanic membrane.*

The *functions* of the external auditory canal are twofold: (1) to conduct waves of sound to the membrana tympani, and (2) to insure

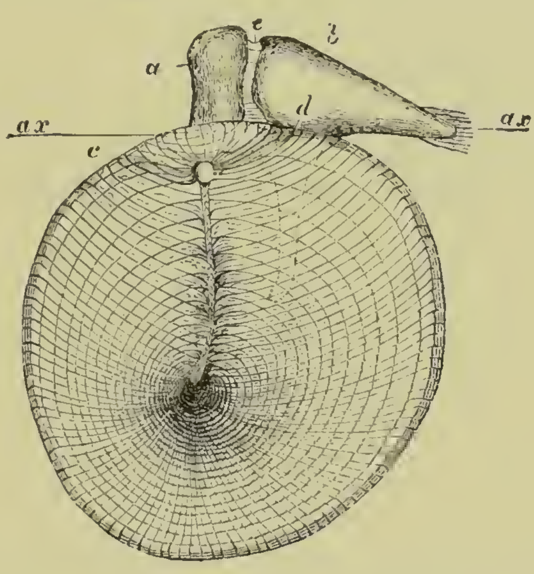

Fig. 116.—Diagram of the External Surface of the Left Tympanic Membrane. (HENSEN.)

a, Head of malleus. *b*, Incus. *e*, Joint between malleus and incus. Between *c* and *d* is the flaccid portion of the membrane. *ax*, Axis of rotation of ossicles. The umbo is the deeply shaded part.

this membrane, as well as the delicate structure of the middle ear, from injury.

MIDDLE EAR, OR TYMPANUM.—The tympanum is a space situated within the substance of the petrous portion of the temporal bone. It is composed of *two bony* and *four soft parts.*

The *two bony parts* comprise the walls of the cavity, with the *mastoid cells* and Eustachian tube; also the *ossicles* or bones of the ear.

The *soft structures* are: (1) the ligaments and muscles of the little ossicles, (2) the mucous membrane of the tympanic cavity, (3) the lining of the Eustachian tube, and (4) the membrana tympani and membrane of the round window.

In *otitis media* pus may cause a disintegration of the mastoid cells, from which it frequently extends to the membranes of the brain.

The *cavity* of the tympanum forms a dilatation added to the auditory canal. It has an internal wall, an external wall, and the Eustachian tube. The mastoid cells communicate by a large orifice with the upper, back part of the tympanum. They are lined throughout with a delicate mucous membrane.

The *external wall* is occupied in its greatest extent by an opening which is nearly circular and closed by the membrana tympani. The latter is semitransparent, concave externally and convex internally.

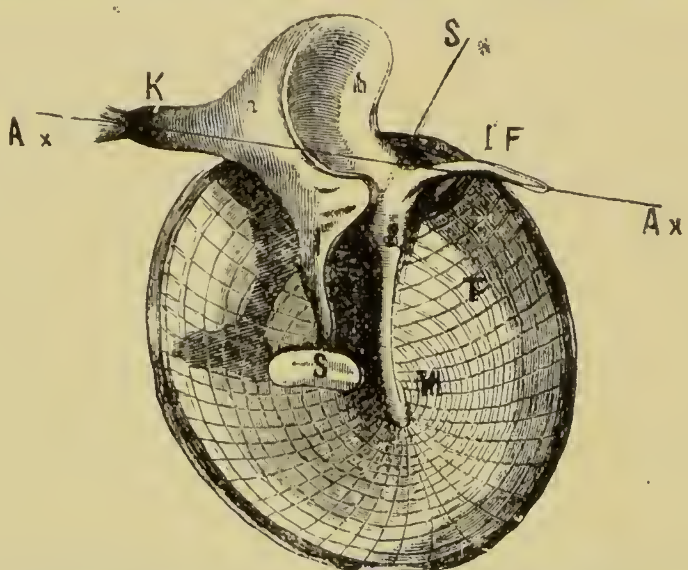

Fig. 117.—Tympanic Membrane and Auditory Ossicles, seen from the Tympanic Cavity. (LANDOIS.)

M, Manubrium, or handle of the malleus. *T*, Insertion of the tensor tympani. *h*, Head. *lF*, long process of the malleus, or incus-tooth. The short (*K*) and the long (*l*) process. *S*, Plate of the stapes. *Ax* is the common axis of rotation of auditory ossicles. 8, The pinion-wheel arrangement between the malleus and incus.

To its inner surface is attached the *malleus,* one of the three ear ossicles.

The *internal wall* is convex and has in its central portion a tubercle known as the *promontory.* Its base corresponds to the origin of the *cochlea.* The most prominent of the grooves upon its surface marks the position of the *nerve of Jacobson.*

Above the promontory is found the *oval window.* Its shape is really reniform; it leads to the vestibule.

The *round window* is situated just beneath the oval window. It is closed by a membrane.

The *ossicles,* which form an articulated chain, reach from the membrana tympani to the oval window. In number they are three:

the *malleus,* or mallet; the *incus,* or anvil; and the *stapes,* or stirrup. The three ossicles form a chain suspended across the cavity of the tympanum. The handle of the malleus is inserted into the tympanic membrane; the base of the stirrup is applied to the oval window. Between these two ossicles is suspended the incus. The ossicles have joints which are lined with synovial membrane; there are present suitable ligaments.

The *mucous membrane* of the tympanum is very thin, and either white or rose-colored. It envelops the chain of ossicles.

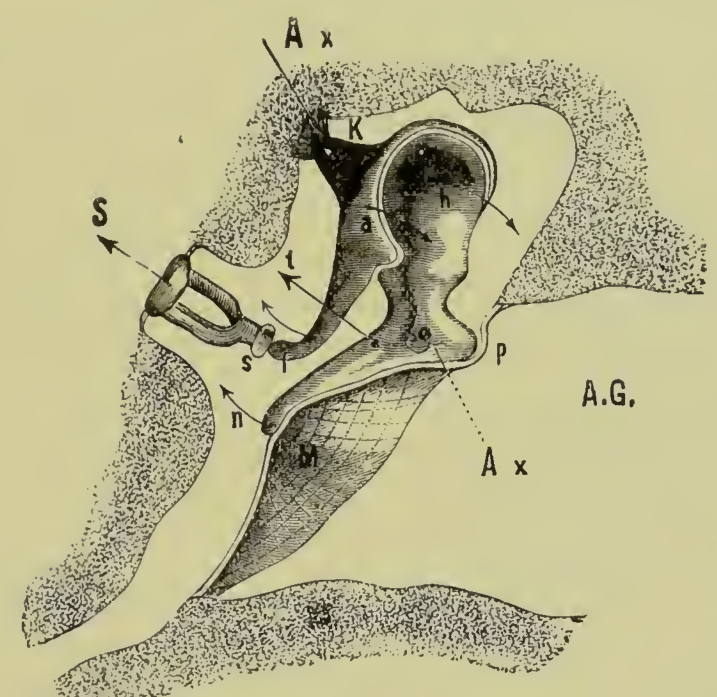

Fig. 118.—Left Tympanum and Auditory Ossicles. (LANDOIS.)

A.G., External meatus. *M*, Membrana tympani, which is attached to the handle of the malleus (*n*) and near its short process (*p*). *h*, Head of the malleus. *a*, Incus. *K*, Its short process, with its ligament. *l*, Long process. *S*, Stapes.

The *Eustachian tube* is composed of a bony and a cartilaginous part. The canal opens at the anterior upper part of the tympanum; its pharyngeal orifice is situated ten millimeters behind the posterior extremity of the nasal fossa. The walls of the tube open at each movement of deglutition by reason of the action of the tensor palati.

THE BONY LABYRINTH, OR INTERNAL EAR.—This structure is imbedded within the substance of the petrous portion of the temporal bone. Its long axis lies in a position parallel with that of the bone. The labyrinth is composed of three portions: *vestibule, semicircular canals,* and *cochlea.*

The *vestibule* is an oval, irregular cavity, lying between the tympanum and the bottom of the internal auditory meatus. The semicircular canals open from it posteriorly and the cochlea opens from it anteriorly. Through its outer wall it communicates with the tympanum by the oval window. The *fovea hemispherica* and *fovea hemielliptica* are two depressions upon the inner and superior walls of the vestibule, respectively. They are pierced by numerous foramina; through the former pass the filaments of the *cochlear* branch of the auditory nerve; through the latter foramina pass the branches of the

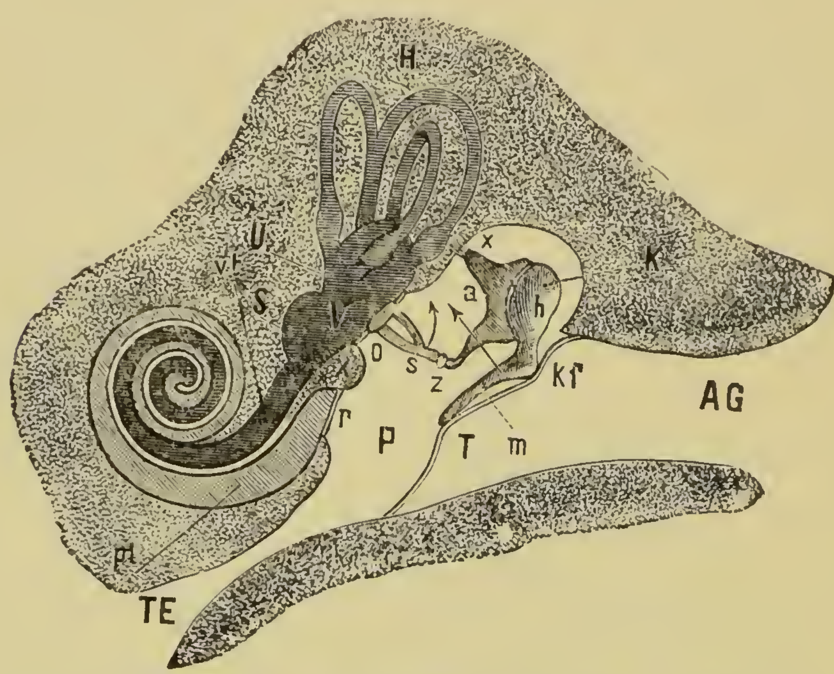

Fig. 119.—Scheme of the Organ of Hearing. (LANDOIS.)

AG, External auditory meatus. *T*, Tympanic membrane. *K*, Malleus with its head (*h*), short process (*kf*), and handle (*m*). *a*, Incus, with its short process (*x*) and long process; the latter is united to the stapes (*s*). *P*, Middle ear. *o*, Oval window. *r*, Round window. *x*, Beginning of the lamina spiralis of the cochlea. *pt*, Its scala tympani. *vt*, Its scala vestibuli. *V*, Vestibule. *S*, Saccule. *U*, Tubercle. *H*, Semicircular canals. *TE*, Eustachian tube. The long arrow indicates the line of traction of the tensor tympani; the short curved one that of the stapedius.

vestibular branch. Through the latter also pass small veins which communicate with the inferior petrosal sinus.

The *semicircular canals* are three in number. They are located above the inner and back part of the tympanum. From their location they are named *superior, posterior,* and *external.* The canals lie in three distinct planes: the first two are vertical, but nearly at right angles to one another; the last is horizontal.

Each canal is rather more than half of a circle, and forms at one extremity a dilatation called the ampulla. The canals communicate

with the vestibule by *five* openings, one of which belongs to both the superior and horizontal canal.

The interior of the vestibule and semicircular canals is lined with a delicate membrane. The cavity formed by this membrane contains a fluid of serous nature. It is known as the *perilymph,* by reason of its surrounding a secondary structure, the labyrinth. This last structure consists of a pair of saccules in the vestibule, and three semicircular saccules whose form is the same as the osseous canals containing them. This membranous labyrinth comprising the saccules just mentioned itself contains a serous fluid, the *endolymph.*

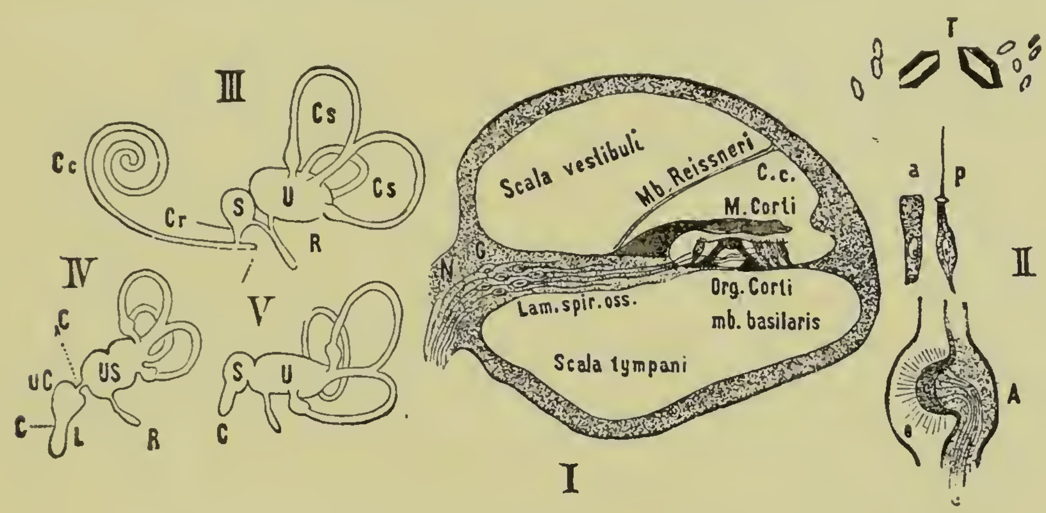

Fig. 120.—Scheme of the Labyrinth and Terminations of the Auditory Nerve. (LANDOIS.)

I. Transverse section of a turn of the cochlea.
II. Ampulla of a semicircular canal. *a*, *p*, Auditory cells. *p*, Cell provided with a fine hair. *T*, Otoliths.
III. Scheme of the human labyrinth.
IV. Scheme of a bird's labyrinth.
V. Scheme of a fish's labyrinth.

The inner portion of the bony labyrinth is the *cochlea:* so named from its resemblance to a shell. Its base is attached to the internal auditory meatus, while its apex is directed forward and outward. The axis of the cochlea is nearly at right angles to that of the petrous portion of the temporal bone in which it lies. The cochlea is a tube of bone wound around a central axis, each turn successively rising. This bony tube is about one and one-half inches long. Its beginning is connected with the fore part of the vestibule to produce the promontory of the tympanum; it ends in a closed extremity called the *infundibulum.* The central axis just spoken of is termed the *modiolus.* The apex of the cochlea is often called the *cupola.*

The bony canal is divided into two passages, or *scalæ,* by a septum known as the *lamina spiralis,* which projects from the modiolus. The two scalæ communicate with one another only at the top of the cochlea, by an opening: the *hiatus,* or *helicotrema.* That portion of the cochlear canal that is above the septum terminates in the vestibule; hence *scala vestibuli.* The lower portion opens into the tympanum through the *round* window; hence *scala tympani.*

The membranous portion of the septum, or lamina spiralis, con-

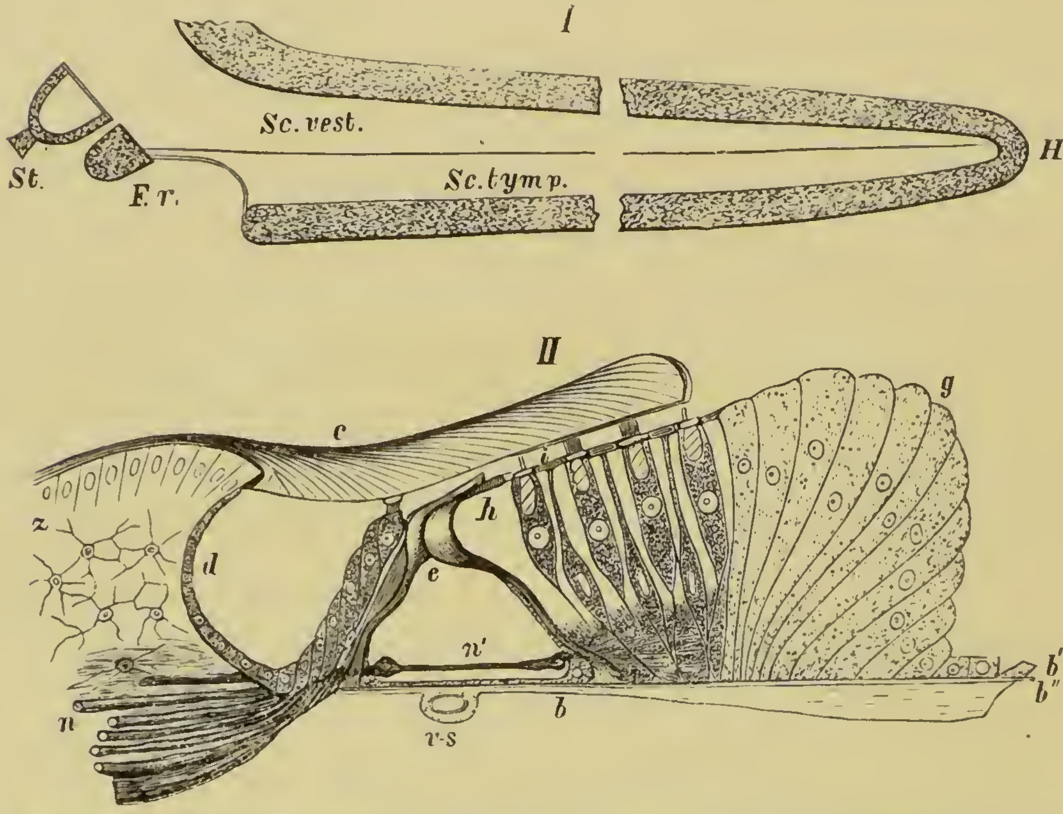

Fig. 121.—Section through the Uncoiled Cochlea (I) and through the Terminal Nerve Apparatus of the Cochlea (II). (MUNK, *after Hensen.*)

I. *F.r.*, Round window. *H*, Helicoterma. *St.*, Stapes.

II. *z*, Huschke's process. *b'*, Basilar membrane. *c*, Corti's arch. *g*, Supporting cells. *h*, Cylindrical cells. *i*, Deiters's hair-cells. *e*, Membrana tectoria. *n*, Nerve-fibers. *n'*, Nonmedullated nerve-fibers.

sists of two layers: The superior layer is the *membrane* of *Corti,* or *membrana tectoria;* the other is the *membrana basilaris.* These two membranes are placed parallel with one another to contain between them the *organ* of *Corti.* The latter rests upon the basilar membrane.

The bony portion of the septum has, upon its superior external surface, a denticulated, cartilaginous substance called the *lamina denticulata.* From the superior surface of the lamina spiralis, and internal to the lamina denticulata, exists a delicate membrane, the

membrane of *Reissner*. This membrane divides the scala vestibuli into two passageways, one of which is the *ductus cochlearis*. It contains the essential portion of the auditory apparatus of the cochlea: the organ of Corti. It forms part of the membranous labyrinth.

The membranous labyrinth is a closed sac consisting of semicircular canals, a vestibular portion, and the membranous part of the lamina spiralis. The vestibular portion consists of an expanded body, the *utricle,* and a smaller body, the *saccule*. Within these compartments are two calcareous bodies: the *otoliths*. The vestibular fila-

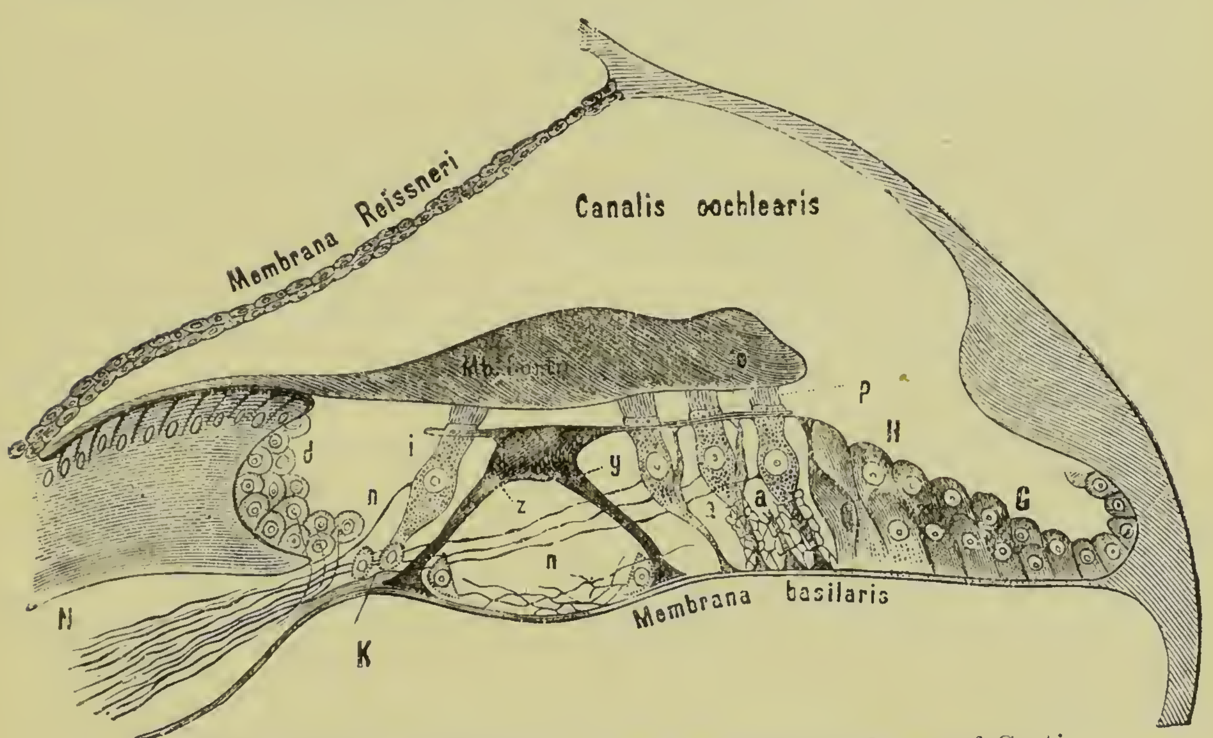

Fig. 122.—Section of the Ductus Cochlearis and the Organ of Corti. (After LANDOIS.)

N, Cochlear nerve. *K*, Inner, and *P*, outer, hair-cells. *n*, Nerve-fibrils terminating in *P*. *a*, *a*, Supporting cells. *d*, Cells in the sulcus spiralis. *z*, Inner rod of Corti. *Mb*, Corti, membrane of Corti, or the membrana tectoria. *o*, The membrana reticularis. *H*, *G*, Cells filling up the space near the outer wall.

ments of the cochlear nerve are distributed to the ampullæ, utricle, and saccule. In the first the fibers terminate in elevations called *cristæ acusticæ;* in the last two they end as oval plates,—*maculæ,*—colored by yellow pigment.

Organ of Corti.—The organ of Corti contains the following elements:—

1. Arches of Corti.—They are formed of an internal and external pillar whose pedestals rest upon the basilar membrane. The arches intercept the canal of Corti.

2. *Internal Auditory Cells.*—Inward from the internal pillar of Corti is found a layer of auditory cells. These cells contain nuclei, while their superior extremities terminate in a plateau having long ciliated prolongations; their inferior extremities are in relation with the basilar membrane and axis-cylinder of the terminal cochlear branches of the auditory nerve.

3. *A Granular Layer* composed of rounded cells.

4. *Cells* in the sulcus spiralis which are cubical in shape.

5. *The External Auditory Cells,* whose structure and arrangement is very similar to the internal cells just mentioned.

6. *The Cells of Deiters, Hensen, and Claudius,* which make a prominence upon the interior of the cochlear canal.

7. *Reticular Membrane.*—The membrana reticularis is formed by the superior extremity of the cells of Deiters. It possesses lacunæ which allow the passage of cilia of the cells.

8. *The Membrane of Corti,* or membrana tectoria, is a soft, thick membrane which covers the spiral groove and organ of Corti. Beneath it adheres to the cilia of the auditory cells.

Auditory Nerve.—The auditory nerve consists of two parts: the cochlear, the hearing part, and the vestibular, the tonus part. The cochlear part arises in the spiral ganglion of the cochlea, and, like a posterior root ganglion, sends a branch to the auditory cells in the organ of Corti and a central branch to the cochlear nucleus in the medulla. The cochlear nucleus consists of two parts: the accessory nucleus and the tuberculum acusticum. Hence the first neuron extends from the spiral ganglion to the cochlear nucleus; then the two divisions of the cochlear nucleus—the accessory nucleus and tuberculum acusticum—send out neuraxons to the superior olive; here they are second neurons. The superior olive sends out neuraxons to the lateral fillet; here the third neuraxons make up chiefly the lateral-fillet fibers. These go to the posterior quadrigemina and finally are connected with the seat of hearing in the first temporal convolution.

The vestibular root arises in Scarpa's ganglion-cells of the labyrinth and goes to the auditory nucleus. From here neuraxons go up by the restiform body to the nucleus of the roof (nucleus fastigii) and nucleus globosus of the opposite side of the cerebellum.

The cochlear nerve is the nerve concerned in hearing.

The vestibular nerve is the nerve concerned in equilibration. It does not have anything to do with hearing.

The *functions* of the auricle and external auditory meatus and canal have been mentioned above. The *membrana tympani,* like all

elastic and stretched bodies, enters into vibrations when it is directly struck or when a body produces a sound that is capable of setting this membrane into a vibration of unison. The contact of the hammer possesses the rôle of a damper; it arrests the vibrations of the membrane and to a certain measure makes the different vibrations follow each other in a regular, noninterfering manner. It is probably a function of the tensor tympani to relax the membrane in case of violent noises, as with cannon-shots. By this means rupture of the membrane is prevented. The vibrations of the membrana tympani are transmitted to the internal ear by the chain of ossicles as well as by the air in the middle ear.

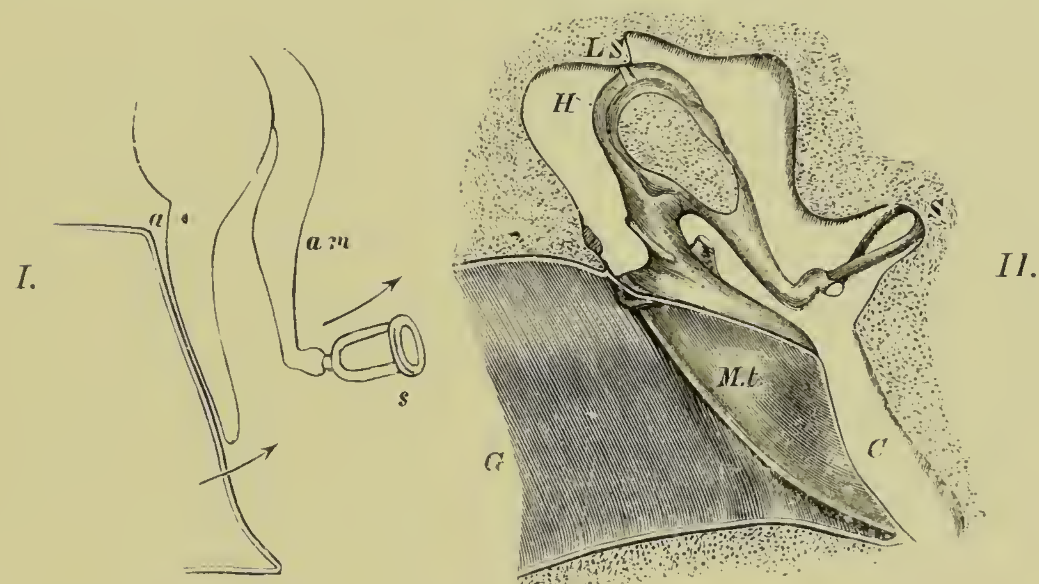

Fig. 123.—I. The Mechanics of the Auditory Ossicles. (After Helmholtz.) II. Section of the Middle Ear. (Munk, *after Hensen.*)

I. *a*, Malleus. *h*, Incus. *am*, Long process of incus. *s*, Stapes. The arrows show the direction of motion.

II. *G*, External auditory canal. *M.t.*, Membrana tympani. *C*, Tympanum. *H*, Malleus. *L.S.*, Superior ligament. *S*, Stapes.

The Eustachian tube is closed at its pharyngeal end except during deglutition. Thus, if one closes the mouth and nose and then expires forcibly at the moment of deglutition, there is heard a dry crackling in the ear from the entrance of air into the middle ear with depression of the tympanum. The tube thus acts as a medium whereby there is established an equilibrium between the intratympanic pressure and the pressure of the atmosphere. Should the pressure be not equal upon each side, as in closure of the Eustachian tube, then the vibrations of the membrane are made with difficulty. In making descent

in a deep mine where the atmosphere is considerably more dense than that on the surface, the uninitiated is instructed to swallow every few minutes. By so doing he maintains an equable pressure upon both sides of the membrana tympani.

It will be recalled by the student that all of the spaces and compartments of the internal ear, or labyrinth, are filled with fluid, and that in this fluid float saccules also containing serous fluid. So intimately are all of the parts of the labyrinth associated that any vibration of its contained fluid at one part is promptly propagated to every other portion. The vibrations of the fluid striking upon the tiny nerve-filaments act as stimulants whose impressions are carried to the center of hearing, where the impressions are recognized as sound.

To epitomize: The sonorous waves collected by the auricle to pass through the external auditory meatus and along its canal strike the surface of the membrane of the tympanum. It becomes tense, vibrates in unison, and then communicates its vibrations through the ossicles and contained air in the tympanum to the oval window.

From here the vibrations are carried over the vestibule, semicircular canals, and labyrinth to the perilymph. From this last the vibrations are transmitted through the membranous walls of the sacculus to the endolymph. Vibrations also pass from the vestibule to the scala vestibuli of the cochlea, and, descending the scala tympani, end as an impulse against the membrane of the round window.

Most of the organs of special sense contain a "specially modified epithelium" for the reception of the particular kind of stimulus peculiar to each other. Nor is the sense of hearing different from the others. It also has its tissues representing "specially modified epithelium" in which lie the terminal filaments of the auditory nerve. These tissues are so constituted that they receive the "waves of sound" which generate in the auditory nerve: auditory impulses. These last, when conveyed to the brain, are developed into auditory sensations.

The vibrations of elastic bodies produce *condensation* and *rarefaction* of the enveloping atmosphere. That is, there are developed waves whose particles vibrate longitudinally. These waves are usually spoken of as sound-waves.

Normally, then, the auditory nerve may be stimulated by sonorous vibrations which set into motion the end-filaments of the acoustic nerve. The filaments are distributed over the inner surface of the membranous labyrinth, upon the membranous expansions of the cochlea, and in the semicircular canals. The excitement of the filaments

is really mechanical in nature, due to the wavelike motion of the serous fluid of the membranous labyrinth.

Conduction through the *bones* of the head occurs very readily when the vibrating solid body is applied directly to some part of the head. This is exemplified by placing a tuning fork upon the head, or by the striking together of stones when the head is submerged beneath the surface of water.

It is common to divide auditory stimuli into those which are caused by *noises* and those caused by *musical* sounds. It is a feature peculiar to musical sounds that the vibrations which form them are *periodical* and that they recur at regular intervals. When neither of these two conditions is present, there results a noise. From the sensory impulses to which the several vibrations give rise are generated our sensations of noise or of sound.

To produce a sensation certain conditions in the excitation of the auditory nerve are necessary.

The sound-wave must exist for a certain length of time; it must not be less than $^1/_{30}$ nor greater than $^1/_{40000}$ second. In the piano the lowest base (C, 33 vibrations) and the highest treble (C, 4224 vibrations) exist. A certain number of impulses must be made within a given interval of time to excite a sensation of tone. The lower limit is about 30 vibrations, the upper limit about 40,000, per second. Visual sensations separated by less than a tenth of a second are fused, but auditory sensations separated by $^1/_{134}$ second remain distinct.

Theory of Hearing.—If you sing a note into a piano, the cords of the piano tuned for this note only respond. Now the basilar membrane is supposed, like a harp, to represent a series of cords which, like the piano-strings, respond to the sounds striking them. This membrana basilaris is striated in a radiating direction, and these striations increase as it ascends toward the helicotrema. Unlike the harp, the cords are joined together by their edges; but, as they are stretched only in a radiating direction, they can vibrate as though they were separate cords. Now, the cords are very short, being at most not over $^1/_{12}$ inch in length; so that they would be expected only to vibrate for high sounds; but it must be remembered that these cords are weighted with the arches and cells of Corti, which lower their sound. Hence we have a series of cords in the basilar membrane vibrating separately to musical sounds. We know that there is in man about 3000 arches of Corti, and as at least two of the cords correspond to an arch of Corti, we have 6000 cords. Now, the scale of musical sounds extends to seven octaves, and we have 400 arches of Corti to 1 octave.

In 1 octave there are 12 semitones, and we have 66 cords corresponding to a semitone; so that we have sufficient cords to vibrate in unison with all possible musical sounds.

When the sound-waves vibrate the cells of Corti they make the terminal filaments of the cochlear nerve vibrate, because they are in relation with the cells of Corti. The differentiation of sounds takes place in the brain.

Binaural Audition.—The hearing of a single sound with both ears may be due to habit or to the connection in the nerve-centers of the fibers connected with both ears. Undoubtedly binaural audition facilitates our knowledge of the direction of sound, since each ear has its own axis and direction.

The semicircular canals are, through the vestibular nerve and the cerebellum, the most important agents in the preservation of equilibrium. When in a pigeon the horizontal canals are divided the head moves from left to right and from right to left, with nystagmus and a tendency to revolve on its vertical axis. When the inferior vertical or posterior canals are divided, the head oscillates from front to rear; the animal has a tendency to fall backward. A section of the superior vertical canal causes the head to oscillate from front to rear, with a tendency to fall forward. A section of all the canals is followed by contortions of the most bizarre nature. After a destruction of all the canals the animal cannot maintain his equilibrium.

Similar phenomena have been observed in man in disease of the semicircular canals, known as Ménière's vertigo. In the fixed position of the head there is equilibrium, but with each movement the tension of the liquid in the ampulla changes and irritates the vestibular nerve. These ampullæ and canals are then sensory organs, and give the animal an idea of the position of his head in space. Now, as the canals are at right angles to each other according to the three dimensions in space, their section makes the animal unable to know the position of his head and thus produces vertigo. Cyon's theory is that the semicircular canals give us a series of unconscious sensations as to the position of our heads in space.

CHAPTER XIX.

SPECIAL SENSES (Concluded).

VISION.

THOSE bodies are said to be luminous which especially affect the organ of vision. Some are luminous in themselves, others become so by reflection. Since there is no direct contact between the visual apparatus and the object which makes the impression, and since the distance which separates them is often infinite, it is impossible not to admit the existence of a particular intervening agent between the center of radiation and the eye. This agent is *ether*.

How Does Light Transmit Itself?—The accepted theory to-day with regard to its propagation is the *undulatory*, or *wave-, theory*. Its doctrines make light, like heat and sound, a *mode* of *motion*.

A luminous body is one whose particles are in a state of vibration. That they may give rise to a luminous impression it is necessary that they be transmitted to the eye. Ordinarily the atmospheric air is the usual medium for the transmission of the vibrations of a sounding body to our ears. However, a luminous body does not become invisible in a *vacuum*, as does a sounding body become inaudible. Hence, there must be supposed the existence of a highly elastic medium that pervades all space and all bodies. To this especial medium luminous bodies communicate their vibrations to be transmitted with enormous velocity. This medium is known to physicists as *ether*.

Suppose a luminous body isolated in a gas or suspended in a vacuum; it will be visible in all directions. Imagine, also, a point of space lighted up by its radiations. The line which joins this point to one of the elements of the luminous body represents the direction of a *ray* of light. So long as no obstruction intervenes the ray of light pursues an even, straight course. Should, however, a mirror intercept its path, the greater portion of it will be bent out of its regular course. That is, it is *reflected*. In all cases of reflection it is well to remember that "the angle of reflection always equals the angle of incidence."

Again, the passage of light through transparent media of various densities presents peculiarities: its straight course is modified—broken. To convey a conception of this phenomenon the term *refraction* is used.

Visual Apparatus.

The organ of sight, the eye, is constructed upon the principles of the camera obscura. In the latter the collecting lens unites the light impressions at the back of the apparatus to form upon the ground-glass plate a diminished and reversed image of external objects.

Structure.—The eye is composed of three concentric *coats (sclerotic, choroid,* and *retina),* the *aqueous* and *vitreous humors,* and the *crystalline lens.*

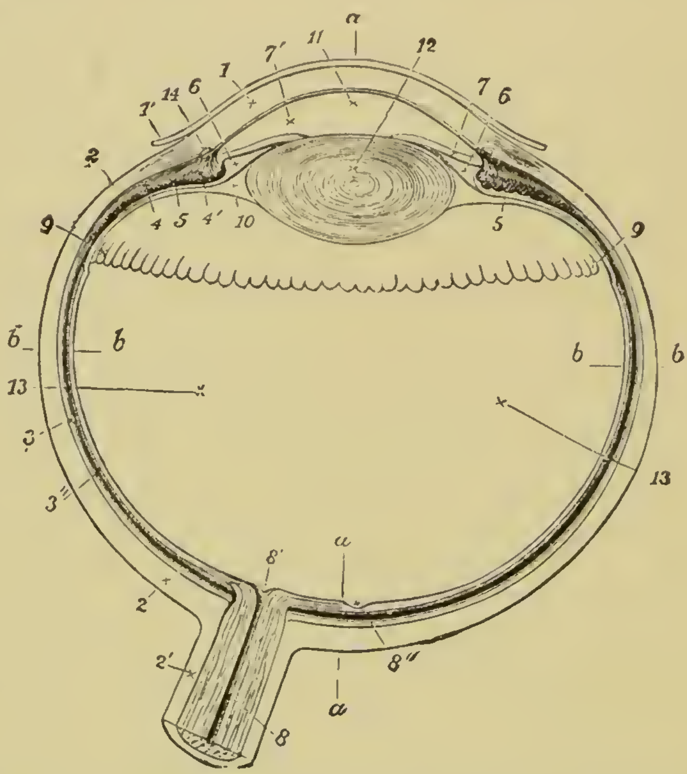

Fig. 124.—Diagram of a Horizontal Section through the Human Eye. (Yeo.)

1, Cornea. 2, Sclerotic. 3, Choroid. 4, Ciliary processes. 5, Suspensory ligament of lens. 6, So-called posterior chamber between iris and lens. 7, Iris. 8, Optic nerve. 8′, Entrance of cerebral artery of retina. 8″, Central depression of retina, or yellow spot. 9, Anterior limit of retina. 10, Hyaline membrane. 11, Aqueous chamber. 12, Crystalline lens. 13, Vitreous humor. 14, Circular venous sinus which lies around the cornea. *a-a*, Antero-posterior axis of bulb. *b-b*, Transverse axis of bulb.

The *first,* or outside, coat of the eye is opaque in all of its parts except a small anterior segment. This area, which is about one-sixth of the entire circumference, is perfectly transparent. The dense opaque part is known as the *sclerotic;* the transparent portion is the *cornea,* which is the most anterior portion of the sclerotic.

The Sclerotic is composed of fibrous connective tissues whose bundles are woven together both circularly and longitudinally. It contains a few blood-vessels in the form of a wide-meshed capillary plexus.

THE CORNEA represents a cap of a smaller sphere attached to the larger, sclerotic sphere. It is transparent and resembles very much a watch-glass in form. The cornea is thicker at its periphery than in its center. This little, transparent window is composed of five different layers.

In the third layer the connective-tissue fibers are arranged in thin plates. Between the plates are series of spaces which communicate with each other and which are lined with endothelium. These—called the *lymph-spaces*—communicate with the lymphatics of the conjunctiva.

Within, but not quite filling, the lymph-spaces lie the fixed *corpuscles* of the *cornea,* which are connective-tissue corpuscles. Leucocytes also pass into these lymph-spaces. The membrane of Descemet constitutes the fourth layer from the outside.

Long and short *ciliary nerves* supply branches to the cornea. They penetrate it from the periphery, divide, and subdivide, some of them terminating in the corneal corpuscles. Others end within small knobs placed between the deep and middle epithelial cells. The *blood-vessels* are at the margin of the cornea, there being *none within its substance.*

THE CHOROID is the vascular coat of the eye, containing some pigment-granules. Its external layer is composed principally of blood-vessels and nerves. Between the vessels are found numerous stellate pigment-cells which form a fibrous network. That portion of the internal surface which is joined to the retina also contains pigment-cells. Posteriorly it is penetrated by the optic nerve; anteriorly it is continuous with the *ciliary processes* and *iris.* The choroid lies beneath the sclerotic, covering the posterior five-sixths of the eyeball.

The ciliary arteries furnish an abundant supply of blood to this coat of the eye. The ciliary veins collect the deoxygenated blood. They perforate the sclerotic just behind the equator of the globe of the eye.

Iris.—The anterior one-sixth of the choroid is composed of a muscular curtain known as the *iris.* It is practically a diaphragm with a central opening, called the *pupil.* The iris is separated from the cornea by the *anterior chamber* of the eye.

The musculature of the iris comprises both *circular* and *radiating fibers.* The pupil is made smaller by contraction of its circular fibers. These belong to the *smooth* type of muscle-fibers and are innervated by the *oculomotor* through the medium of its ciliary branches.

The pupil enlarges through contraction of the radiating fibers of the iris. It is innervated by the ciliary branches derived from the great sympathetic. Sensory nerves are present, coming from the first branch of the fifth, or trigeminus.

Hence, stimulation of the oculomotor and trigeminus, as well as cutting the sympathetic nerve in the neck, produces *contraction* of the pupil. Irritation of the sympathetic causes the pupil to *dilate*. The normal contraction and dilatation of the pupil are *reflex* movements that are caused by the rays of a very strong or very faint light striking the retina. From the retina the impression is conveyed to the anterior corpora quadrigemina and then to the oculomotor nucleus and its nerve to the iris. It is not due to the direct action of light upon the iris itself.

The iris is composed of several layers, in the posterior one of which is the pigmentary epithelium. In brunettes the color is due to pigmented connective-tissue corpuscles. The artery and veins of the iris lie at its periphery.

In the ciliary portion of the choroid is located the *ciliary muscle:* the muscle of accommodation. It contains two layers: one radiating, the other circular.

The *ciliary processes,* about sixty in number, are conical bodies which project inward from the ciliary ring into the posterior chamber of the eye. They are the most important part of the choroid coat.

Uses.—By reason of its vascularity the choroid is destined to nourish the all-important and underlying retina. By reason of its elasticity and contained musculature the choroid maintains intraocular pressure. The pigment of the choroid is believed to serve a dioptric purpose: that of absorbing the superfluous rays of light which pass through the eyeball on their way to the retina. Their absorption prevents dazzling and interference with vision.

The Retina.—The optic nerve pierces the eye a little to the inner side of the center of the eyeball. It soon divides into numerous small bundles of ultimate fibers which appear to spread themselves out so as to inosculate with one another and thus form a network. It is this plexus which constitutes the inner layer of the retina. The most anterior portion of the retina is the ora serrata.

The retina is composed of *two* main portions: the *pigmentary membrane* and the *terminal elements* of the *optic nerve.*

The *pigmentary* layer has been called the *uvea.* It covers the entire inner surface of the ciliary processes, the iris, and the choroid. It is composed of a layer of nucleated, hexagonal pigment-cells.

The *nervous layer* of the retina is composed principally of the terminal nerve-elements of the optic nerve. Externally, it is coated with a pigment-layer; internally, it is lined with a homogeneous, transparent structure, the *hyaloid membrane.*

Histological Structure.—The histological structure of the retina is very complicated. The retina is really an outward expansion of the original forebrain. The retina is usually divided into eight layers:—

1. The layer of nerve-fibers.
2. The layer of ganglionic cells.
3. The inner molecular layer.
4. The inner nuclear layer.
5. The outer molecular layer.
6. The outer nuclear layer.
7. The layer of rods and cones.
8. The hexagonal pigment-layer.

The first layer consists of neuraxons from the ganglionic cells of the second layer. The second layer consists of a lot of multipolar nerve-cells, and their neuraxons run inward to form most of the fibers of the optic nerve. The dendrons of these multipolar cells are branched and terminate in the inner molecular layer, of which this third layer is chiefly composed. The fourth inner nuclear layer is made up chiefly of round and oval cells with a peripheral neuraxon and a central neuraxon.

The peripheral neuraxon arborizes around the dendrons of a ganglionic cell in the inner molecular layer.

The fifth outer molecular layer is made up of the arborizations of the neuraxons of the visual cells of the outer nuclear layer.

The sixth layer, the outer nuclear layer, is the layer of bipolar visual cells. Their central neuraxons end in arborizations in the outer molecular layer about the dendrons of the bipolar cells of the inner nuclear layer. The peripheral processes of these cells are the rods and cones of the retina, which are similar to the dendrons of other nerve-cells.

The seventh layer of rods and cones are the dendrons of the visual cells.

The eighth layer is the pigment-layer of the retina.

The retina is essentially formed by a number of nerve-cell chains, the elements of which are arranged in three series from without in. The first is the rod and cone; the second is the bipolar cell, which interlaces with the peripheral dendrons of the ganglionic cells. The third element is the ganglion-cell.

The optic tract arises in the retinal cells, which is its trophic center. These retinal cells send in fibers which arborize around the cells of the anterior corpora quadrigemina, pulvinar, and the lateral corpus geniculatum. Now, from the lateral corpus geniculatum and pulvinar we have a second set of neuraxons running to the occipital cortex, the center of vision. Here the lateral corpus geniculatum and pulvinar are the relay centers in the path of visual impulses.

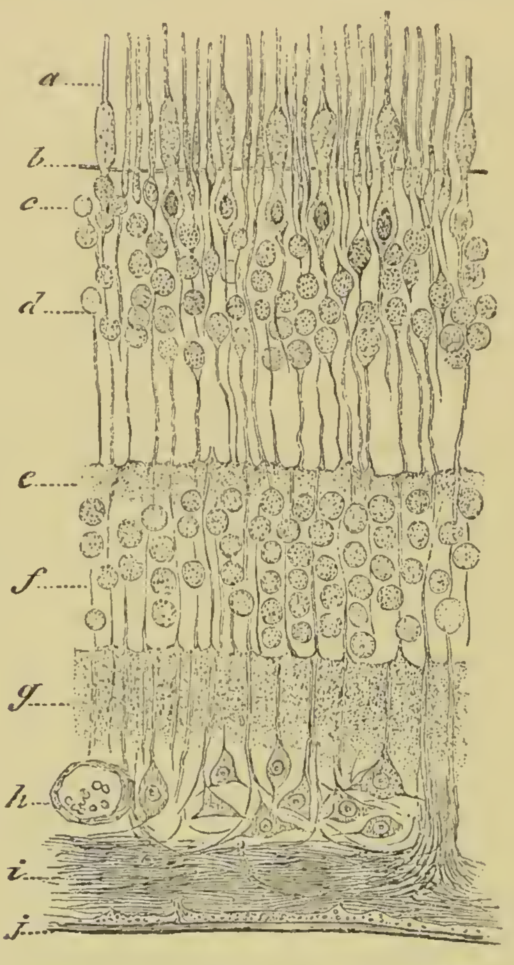

Fig. 125.—Vertical Section of Human Retina. (Landois.)

a, Rods and cones. *b*, External limiting membrane. *c*, External nuclear layer. *c*, External granular layer. *f*, Internal nuclear layer. *g*, Internal granular layer. *j*, Internal limiting membrane.

Rods and Cones.—The *rods* are cylindrical bodies, each of which ends externally in a truncated, flattened extremity. The *cones,* as their name indicates, are conical bodies.

It has been demonstrated that the rods and cones consist of two segments, or limbs, which are composed of *fibers* and *granular matter.* Continued strong light produces swelling of the rods; they shrink again in darkness. The rods and cones show that their outer, granular

matter breaks up into transverse plates. The inner segments are striated by reason of fibers prolonged into them from the external limiting membrane.

Number.—In man and mammals the number of rods far exceeds that of the cones. The reverse is true in birds.

Macula Lutea.—The yellow spot of Soemmering is an oval depression in the center of the retina. It measures one-twentieth of an inch across and is one-tenth of an inch to the outer side of the point of entrance of the optic nerve. Its center is the *fovea centralis.* In the fovea there are *no rods;* cones only are present, and these are longer and narrower than those of the other parts of the retina.

When the optic nerve penetrates the eye it projects somewhat beyond the inner surface of the eyeball as a papilla. In this papilla there are none of the essential nerve-elements of the retina, so that rays of light cannot be perceived by this particular area; hence the name of *blind spot.*

CRYSTALLINE LENS.—The lens is a biconvex, solid, transparent body, located behind the iris and in front of the vitreous body. Its greater convexity is on the posterior surface. The transverse and vertical diameters are about one-third of an inch; the antero-posterior one is but one-sixth.

The lens is enveloped in a capsule of fibrous membrane. The *substance* of the lens is made up of fibers which were originally cells. The fibers are in concentric layers traceable from the posterior surface to the anterior. The *suspensory ligament* of the lens is derived from the hyaloid membrane of the vitreous body.

Cataract.—Normally the lens is transparent. When it becomes opaque for any reason then there results the condition known as cataract. This condition is artificially produced in frogs by the injection of grape-sugar. Cataract in diabetes is from the same cause.

AQUEOUS HUMOR.—This fluid contains about 2 per cent. of solids, chiefly in the form of sodium chloride. It occupies the anterior chamber in the space back of the cornea and in front of the iris. The so-called posterior chamber lies between the back of the iris and in front of the lens.

VITREOUS HUMOR.—The vitreous humor is a gelatinous body which is held in its position posterior to the crystalline lens by the *hyaloid membrane.* At the ora serrata the membrane splits into two layers: one, the hyaloid membrane proper, passes over the front of the vitreous body; the other, a fibrous structure, is much firmer than the true hyaloid. It extends over the ciliary processes to be attached to

the capsule of the lens, forming for it a suspensory apparatus: the zonule of Zinn.

The *lymphatic canal* of Petit is formed by the splitting of the two layers of the hyaloid membrane.

In the center of the vitreous body is the canal of Stilling. During fœtal life it transmitted the artery of Zinn to the back of the capsule of the lens.

When by ulceration of the cornea or accident the aqueous humor escapes, it is found to be regenerated very rapidly.

The *secretion* of the aqueous humor has been studied by fluorescein instilled into the fluids of the eyeball. It has been found that the humor is secreted by the posterior surface of the iris and ciliary body. It passes through the pupil into the anterior chamber.

The globe of the eye is filled with fluids during life and is constantly under a certain pressure: the intra-ocular. This pressure depends mainly upon the arterial pressure of the retinal arteries, and so rises and falls with their variations of pressure.

Retinal Epithelium.—Fuscin, a variety of melanin, is found in the hexagonal cells of the retinal epithelium. The cells send down processes between the rods and cones like the hairs of a brush. It has been found that light exerts a marked effect upon these processes. The protoplasm of the pigment-cells of a frog that has been kept in the dark for several hours is found to be retracted and the pigment lies chiefly in the body of the cell. When exposed to the light the processes filled with pigment dip down between the rods and cones as far as the external limiting membrane.

Lymphatics.—The lymphatics of the eye comprise an *anterior* and *posterior set*. The former is located in the anterior and posterior chambers of the eye and have communication with the lymphatics of the iris, ciliary processes, cornea, and conjunctiva. The posterior set consists of the perichoroidal spaces lying between the choroid and sclerotic coats of the eyeball.

Optic Nerve.

The optic nerve-apparatus comprises (1) the *optic tracts,* (2) the *optic commissure,* and (3) the *optic nerves.*

The centripetal fibers of the optic nerve are the neuraxons of the ganglionic cells of the second layer of the retina. The dendrons of these cells receive arborizations from the neuraxons of the bipolar cells of the retina. The dendrons of the bipolar cells end about the neuraxons of the visual cells, whose dendrons are the rods and cones.

Hence there is a conducting path through the retina continuous with the optic nerve which decussates in part and connects with the external geniculate body, the pulvinar of the optic thalamus, and the anterior corpora quadrigemina. From these parts new neuraxons arise which issue from the outer side of the thalamus, and run through the extreme end of the thalamus, ending chiefly in the cuneus and occipital lobes. These are the optic radiations of Gratiolet.

The union of the two tracts produces the *optic commissure,* or optic chiasma.

It is in the commissure that there occurs a partial decussation of the fibers of the two tracts. More than one-half of the fibers of the one tract cross over to those of the opposite tract. That is, the left tract sends fibers to the left half of both eyes; the right tract in turn supplies the right half of each eye. Destruction of the optic tract, then, produces homonymous hemianopsia; that is, the outer half of one eye and the inner half of the other is blind. In owls there is complete decussation, so that destruction of one tract back of the decussation produces blindness in the whole eye of the side opposite to the lesion.

From the optic commissure proceed the two optic nerves: one to each eyeball. Each optic nerve is inclosed within a sheath of its own, composed of dura mater and arachnoid.

Perception of Light.

Light is due to vibrations of ether; a proper conception of them gives the sensation of sight. Transmission of light, with air as a medium, is 186,000 miles per second. The rapidity of the vibrations influences the sensation produced, for color is for luminous sensation what height is for sound. The inferior limit of visible vibrations is represented by the color red; the superior limit is exemplified in violet.

For light to be perceived physiologically by any individual it must make an impression upon the retina. The light falling upon the retina immediately stirs up certain changes in it which in turn give rise to nervous changes in the fibers of the optic nerve. This last change, or "visual impulse," produces a further series of events within the brain, one effect of which is a change in our consciousness; that is, there is a sensation.

The point upon the retina at which the impressions are strongest and most exact is the macula lutea and its fovea centralis. The anatomical layer designed to be impinged upon by a distinct image is the membrane of Jacobson, the layer of rods and cones. As only the

cones, and no rods, are found in the fovea centralis, it is the point where objects are fixed. Hence it must be held that the cones are the specific elements of the retina that are designed to make the individual perceive a luminous impression precisely. Nevertheless, the field of vision, though indistinct toward its periphery, is very much enlarged.

The luminous impression consists of the vibrations of the luminous ether, which stimulate the outer portion of the rods and cones. In them there is produced a molecular, mechanical change, or disturbance. Whenever the layer of rods and cones is stimulated, the excitation is propagated from without inward to all of the retinal elements. The various elements are connected by fibers, and, finally, by the optic nerve with the brain.

Physiology of the Eye.

The study of the phenomena of the eye may be divided into four parts: (1) *dioptrics,* (2) *accommodation,* (3) *imperfections* and *corrections,* and (4) *vision with both eyes.*

Dioptrics.—The eye has previously been mentioned as being like a camera obscura. If a small opening exist in the shutter of a dark room the rays of light from the outside passing through the opening will form an inverted image of the external object upon the opposite wall of the chamber. However, unless the opening be very small, the image will be blurred and indistinct. These latter qualities will be due to overlapping of rays of light from various points of the object. If the opening be small enough the overlapping rays will be cut off and a distinct image be formed. Should a convex lens be interposed in the path of the rays of light the opening may be very considerably enlarged and yet the various rays be brought to a focus so that diffused images will be prevented.

The camera obscura is popularly known to-day in the form of the photographic camera. The latter consists of a box blackened on the interior to prevent reflection from the walls. In front is a short tube which contains achromatic lenses. In the back wall of the camera is found a ground-glass plate upon which the image formed by the lens is focused. If the camera be so adapted that parallel rays falling upon the lens are focused upon the ground-glass plate, then divergent rays must have their focal point behind the plate. Should the plate be moved backward or forward it can be made to coincide with the conjugate focus of the rays diverging from the object.

Spherical Aberration, which interferes with distinctness, is gotten rid of by cutting off outside rays. In the camera this point is accomplished by the insertion of a diaphragm through a slit in the lens-tube. The diaphragm is pierced by holes—a larger or smaller one being used according as the light is feeble or strong.

The eye may be very aptly compared to the camera. It has a small opening in front through which pass the rays of light. The sclerotic and choroid coats form its walls. The refracting lenses are the cornea, aqueous humor, crystalline lens, and vitreous humor. They all tend toward the accomplishment of the same end: to bring parallel rays of light to a focus upon a sensitive plate (the retina),

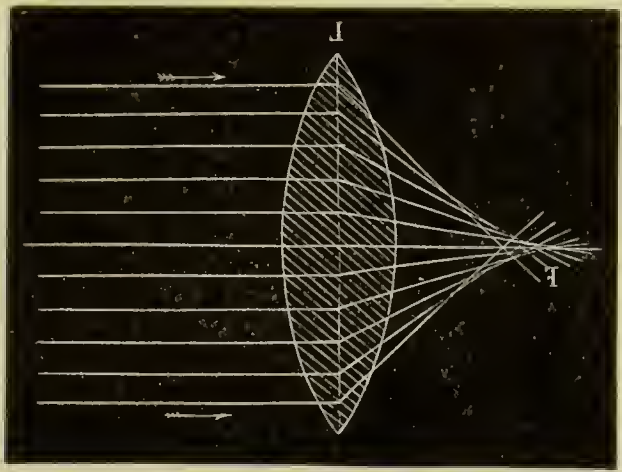

Fig. 126.—Diagram Illustrating Spherical Aberrations. (Ganot.)

The rays passing through the edge of the lens have a shorter focal distance than those passing nearer to the center.

there to form a real inverted image of the object. Last, the iris with its pupil acts as a diaphragm.

Chromatic Aberration.—The edge of the lens of a camera represents the outer angle of a prism. White light falling upon it is decomposed into its spectral components. Objects seen upon the ground-glass plate have an iridescent hue. In the eye this trouble is obviated by the presence of the iris and the fact of the edge of the lens being more angular and less curved.

Visual Angle.—It has been stated by Helmholtz that the visual angle is really the angle inclosed by visual lines, which are lines from a point in space which pass through the center of the image of the pupil formed by the cornea and pass to the center of the macula lutea. The apparent size of the object depends upon the visual angle. Acuteness of vision is inverse as the size of the visual angle. The test-types

of Snellen are constructed on this principle. They are adjusted to be seen under an angle of five minutes.

Accommodation of Eye for Distance.—The refractive media of the eye are such that parallel rays are brought to a focus upon the retina. Such an eye is said to be *emmetropic*.

It is evident that, if divergent rays fall upon the eye,—that is, rays from a finite distance,—they will not be brought to a focus upon the retina, but behind it if the eye remain in its emmetropic condition. The result of this would be circles of diffusion and a blurred and indistinct image.

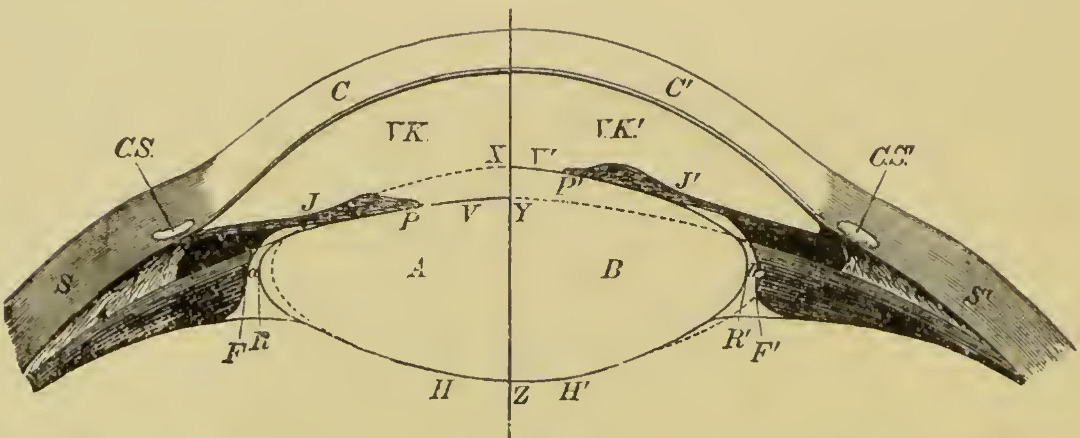

Fig. 127.—Scheme of Accommodation for Near and Distant Objects. (LANDOIS, *after Helmholtz*.)

The right side of the figure represents the condition of the lens during accommodation for a near object and the left side when at rest. The letters indicate the same parts on both sides; those on the right side are marked with a stroke (or minute mark. *A*, Left half of lens. *B*, Right half of lens. *C*, Cornea. *S*, Sclerotic. *CS*, Canal of Schlemm. *VK*, Anterior chamber. *J*, Iris. *P*, Margin of pupil. *V*, Anterior surface. *H*, Posterior surface of lens. *R*, Margin of the lens. *F*, Margin of ciliary processes. *a*, *b*, Space between the two former. The line *Z-X* indicates the thickness of the lens during accommodation for a near object; *Z-Y*, the thickness of the lens when the eye is passive.

Should the refractive power of the media be increased, then the focal point would be brought forward. Such increase might be accomplished by the addition of another convex lens in front of the crystalline lens.

The effect is practically accomplished by reason of the lens being able to adjust its capacity to suit varying distances. This capacity is termed the *power of accommodation*. It is an ability to alter the convexity of the lens, due to contraction of the ciliary muscles which relax the zonule of Zinn of the lens. By reason of its own elasticity the lens bulges *forward*, thus increasing its convexity.

In what may be regarded as the normal, or so-called emmetropic eye, the near point of accommodation is about *five* inches. The far

limit, for all practical purposes, is from two hundred feet up to an infinite distance. In this eye the range of distinct vision has wide latitudes.

In the *myopic,* or short-sighted, eye the near point is two and one-half inches from the cornea. The far limit is at a variable, but not very great distance. The range of vision in this eye is very limited. In this the rays of light are brought to a focus in front of the retina.

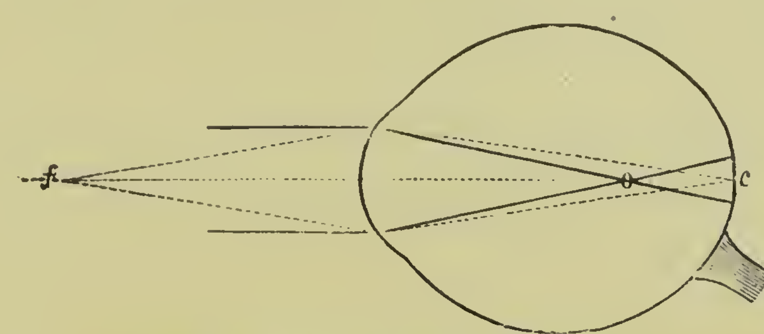

Fig. 128.—Myopic Eye. (LANDOIS.)

In the *hypermetropic,* or far-sighted, eye rays of light coming from an infinite distance are, in the passive state of the eye, brought to a focus behind the retina. The near point is some distance away.

The *presbyopic,* or long-sighted, eye of aged persons resembles the hypermetropic eye, but differs in so far that the former is an essentially defective condition of the mechanism of accommodation.

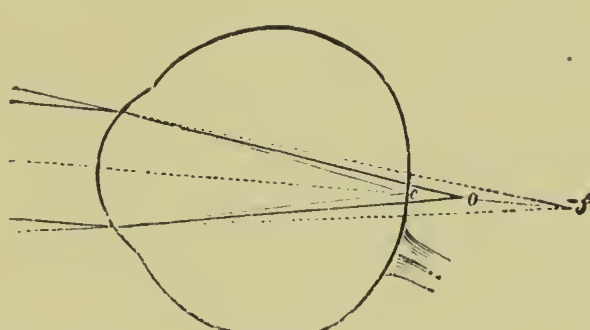

Fig. 129.—Hypermetropic Eye. (LANDOIS.)

There are two changes which occur when we accommodate for near objects: one is that the pupil contracts to cut off divergent rays; the other is a change of curvature of the lens. The ciliary muscle is the motive power of accommodation. Its paralysis renders accommodation impossible. The oculomotor innervates the ciliary muscle. Its paralysis by atropine produces both dilatation of the pupil and inability to accommodate.

To correct anomalies of refraction it is necessary to use lenses. These are transparent media which seem to refract rays of light passing through them. They have curved surfaces. The direction which the rays take on emerging from the medium depends upon the nature of the curvature. The chief forms of lenses are *convex* and *concave;* convex lenses may be doubly convex, plano-convex, or concavo-convex. A concave lens may have equivalent features. A convex lens converges the rays of light; a concave lens diverges the rays of light. In myopia a concave lens is used; in hypermetropia and presbyopia a convex lens.

Astigmatism is a defect of refraction due to a want of symmetry in the refracting media of the eye. The result of this is that the rays of light passing through the lens are not brought to a focus at the same point. This want of symmetry is usually in the cornea, but may be in the lens. To remedy this defect we use a lens called a

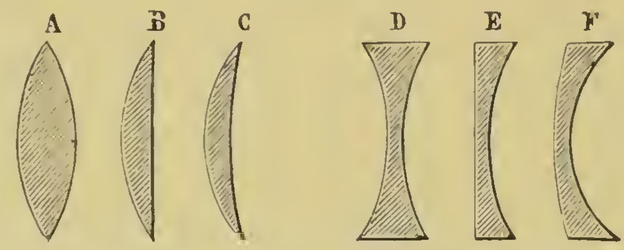

Fig. 130.—Different Kinds of Lenses. (GANOT.)

A, Double convex. *B*, Plano-convex. *C*, Converging concavo-convex. *D*, Double concave. *E*, Plano-concave. *F*, Diverging concavo-convex. *C* and *F* are also called meniscus lenses.

cylinder to level up the curvature of one of the meridians of the cornea to correspond to the curvature of the others. Cylinders have no curvature in one axis, but more or less considerable curvature in the opposite axis in correspondence with the degree of astigmatism that has to be corrected.

LENSES.—Lenses are arranged according to their focal distance in inches, and, as the unit was taken as one inch, all weaker lenses were expressed in fractions of an inch. However, Donders made the standard in lenses of a focal distance of one meter, and this unit he called a dioptre. Thus the standard in a weak lens and the stronger lens are multiples of these. Hence a lens of two dioptres equals one of about twenty inches' focus.

ENTOPTIC PHENOMENA.—When in the vitreous there exist cellular elements which in the field of vision appear as strings of beads, circles, and stripes, they are called muscæ volitantes. They move when the eye is moved. If the eye is strongly illuminated at the side,

branching figures are seen in the field of vision, which are called Purkinje's figures. They are due to shadows of the blood-vessels of the retina which fall upon the rods and cones.

Duration of Retinal Stimulation.—Light impresses the retina, but the excitation of it does not cease immediately with the disappearance of the luminous vibrations. Indeed, they persist for a certain time, about one-eighth of a second: that is, proportional to the intensity of the excitation. Upon a disc black and white sections are alternately painted. When the disc is made to rotate rapidly the disc appears neither black nor white, but gray.

Visual Purple, or Rhodopsin.—The outer part of the rods contains a reddish coloring matter which is called visual purple. This coloring matter must be kept in the dark, for it bleaches the moment light strikes it. But the color will return if the eye is again brought

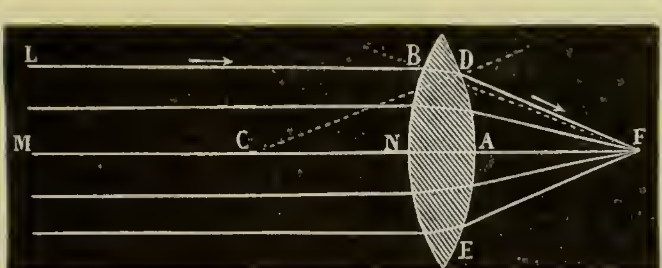

Fig. 131.—Diagram Showing Refraction by a Double Convex Lens. (Ganot.)

The incident ray, *L-B*, is refracted at the points of incidence, *B*, and emergence, *D*, toward the axis, *M-N-A*, which it cuts at *F*.

into a dark chamber. The bile acids extract the coloring matter from the retina. The visual purple is a product of the melanin or fuscin.

Color-vision.—White light is composed of rays of different refrangibility by reason of the different length and duration of the luminous rays. These various rays falling upon the retina determines in the individual different sensations which correspond to the colors. To decompose white light into its different colors, the prism is used. A ray of white light upon issuing from the prism presents the spectrum. That is, there emerge the principal simple colors from the most to the least refrangible. They are violet, indigo, blue, green, yellow, orange, and red. Each primary color cannot be further decomposed, but all can be reunited by a biconvex lens so that white light will result again. The ultra-red (thermal) and ultraviolet (chemical) rays do not make any impression upon the retina. The former do not pass through the media of the eye, since to vibration-rates beneath 435,000,000,000 per second the retina is not stimu-

lated; the latter color produces no sensation, since to vibration-rates above 764,000,000,000 per second the retina is insensible.

Sensations of Color.—In the production of the sensations of color there are three chief factors: *tone, saturation,* and *intensity.* The tone of the color depends upon the number of vibrations of the ether. A color is said to be saturated when it does not contain any white light. The simple colors of the spectrum are saturated. The intensity of color depends upon the amplitude of the vibrations.

Loss of Color-vision, or Daltonism.—Young stated, as the explanation of color-vision, that all the colors were referable to three fundamental sensations: those of red, green, and violet. Corre-

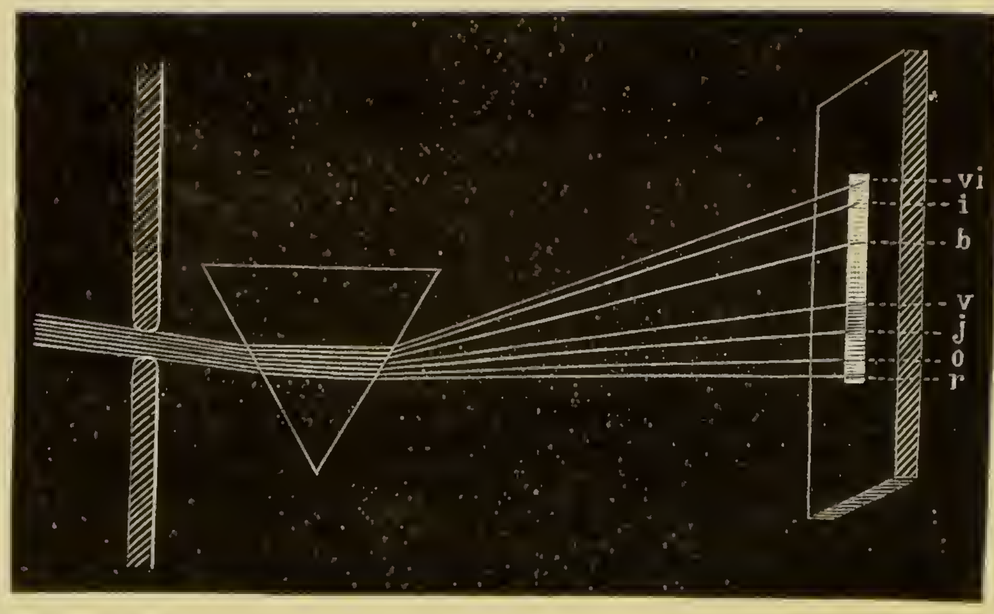

Fig. 132.—Diagram Illustrating the Decomposition of White Light into the Seven Colors of the Spectrum in Passing Through a Prism. (Beclard.)

r, Red. *o*, Orange. *j*, Yellow. *v*, Green. *b*, Blue. *i*, Indigo. *vi*, Violet.

sponding to the three sensations excited by these three colors were three kinds of retinal fibers, stimulation of which gives rise to sensations of red, green, and violet. It is also supposed that white light stimulates these fibers with different degrees of activity according to the length of the wave. The longest wave acts most on the fibers which respond to the red color, the medium wave on the fibers which respond to green, and the shortest wave on the violet. Helmholtz adopted the theory of Young. It is also supported by the facts of color-blindness, in which there is an inability to distinguish one or more of the fundamental colors. The commonest form of color-blindness is that in which red is the invisible color, and in the com-

pound colors in which red enters the complementary color alone is visible, white appearing as bluish green. Another theory of color-vision is that of Hering. The six sensations of color readily fall into three pairs, the members of each pair having similar relationship. White and black naturally go together, the one being antagonistic of the other. According to Hering, the retina is undergoing metabolic changes, and he supposes there are three distinct visual substances which are undergoing anabolism and catabolism. When breaking down, or catabolism, is in excess of the building up, or anabolism, we have a sensation of white; when upbuilding predominates, we have black.

Anabolism of the visual substances by the rays of light produces green, blue, and black; catabolism of these visual substances produces white, red, and yellow.

$$1.\left\{\begin{array}{l}\text{White is catabolic}\\ \quad\text{and}\\ \text{Black is anabolic.}\end{array}\right. \qquad 2.\left\{\begin{array}{l}\text{Red is catabolic}\\ \quad\text{and}\\ \text{Green is anabolic.}\end{array}\right.$$

$$3.\left\{\begin{array}{l}\text{Yellow is catabolic}\\ \quad\text{and}\\ \text{Blue is anabolic.}\end{array}\right.$$

In applying this theory to color-blindness it must be assumed that those who are red-blind want the red-green visual substance; they have only the black-white and yellow-blue visual substance in the retina.

According to the Young-Helmholtz theory, there is a defect corresponding to the three color-perceiving fibers. According to this theory color-blindness is of four kinds: red, green, and violet, and complete blindness to colors. In the Hering theory the kinds are: (1) complete, (2) blue-yellow, (3) red-green, and (4) incomplete color-blindness.

Color-blindness is also called Daltonism, after Dalton, a Quaker, who first described it. The percentage of color-blindness among persons is about 3, and among Quakers about 3 $^1/_2$, because for generations they have worn drabs. The disease is hereditary.

Complementary Colors. — Those colors are complementary which when mixed together produce white. The following table gives the complementary colors of the spectrum:—

Red—greenish blue.	Greenish yellow—violet.
Orange—Prussian blue.	Green—purple.
Yellow—indigo-blue.	

Green alone has no complementary color in the spectrum. It gives a white color with the compound color purple.

Irradiation.—This is a phenomenon which is observed when looking at a strongly illuminated object upon a dark background; the object appears larger than it really is. Thus, of two rings of equal size, one white on black, the other black on white, the former appears larger than the latter. Irradiation is due to imperfect accommodation. Here the margins of an object are projected upon the retina in circles of diffusion and the brain tends to increase the ill-defined margin to those parts of the visual image which are most prominent in the image itself. What is bright seems larger and overcomes what is dark. Black clothes make one appear to be much smaller than light clothes.

After-images.—When a bright light is thrown on the eye and then suddenly put out, there remains for a short time an impression

Fig. 133.—Diagram Illustrating Irradiation. (Stirling.)

If this diagram is held some distance from the eye especially if not exactly focused, the white dot will appear larger than the black, though both are of exactly the same size.

of the same light, as though the retinal molecules still continued to vibrate from the light stimulus. This is a positive after-image. When the eye has received a stimulus for some time, the sensation which follows the withdrawal is of a different kind, and you have a negative after-image, which is due to exhaustion of the retinal cells. For instance, if you look at a red color for some time and the eye afterward is focused on a white ground, the negative after-image is a greenish-blue; that is, the color of the negative image is complementary to that of the object.

Phosphenes.—If the retina be pricked, compressed, or twitched by any sudden movement, an impression of light will be produced. The same effect follows the use of electricity. Hence the retina is an essentially sensitive membrane. No matter by what cause its sensibility be excited, it always gives rise to the subjective phenomenon of a luminous sensation.

Vision with Both Eyes.—The study of phenomena bearing upon this subject comprises: (1) *movements* of the *eyes*, (2) *binocular vision*, and (3) the *advantages* of *sight with both eyes*.

Movements of the Eyes.—The eyeball may be considered as an articulated spherical globe which turns upon three axes that cross each other. Six voluntary muscles affect the three rotations of the eye. The rectus internus and externus, when acting alone, turn the eye from side to side. The superior and inferior recti give to the ocular sphere an up-and-down movement. The superior or inferior oblique muscle, acting alone, gives the eye an oblique movement.

Co-ordinated Movements.—The two eyes always present co-ordinated movements in order to maintain the parallelism or convergence of the two visual lines. The visual line is that line which passes between the object, center of the pupil, and center of rotation of the ocular globe. For accommodation at a distance the two visual lines are parallel. In accommodation for near objects the lines are convergent.

So long as the muscles of the eyeball are normal in function their movements are in co-ordination. Should one or more become paralyzed or seized with spasm, then proper parallelism and convergence are lost. *Strabismus* will then be present and the object looked at will appear double: *diplopia*.

The innervation of the muscles of the eye is derived from the third, fourth, and sixth pairs of cranial nerves.

Binocular Vision.—Looking into space with one eye, one sees an almost circular field. With the one eye he can look toward the opposite side as far as the root of the nose permits. If he opens the other eye the visual space becomes much more extended in a transverse direction, but corresponding to the monocular field, since the two monocular fields are superposed.

Why should any point or object be seen single and not double, when the point forms not one, but two images upon the retinæ? The explanation accepted is that the images are as two corresponding identical points. These points are so related to one another that the sensations from each are blended into one perception. The movements of the eyeballs are also adapted to bring the image of the object to fall upon identical parts. The law results that if one luminous point simultaneously impresses two identical points, it must be seen as single and not double. The two images are referred to one point in space and they produce in the individual only one impression.

Lacrymal Secretion.—Lately it has been shown by Landolt that in the rabbit and the monkey secretory nerves of the lacrymal gland run in the facial nerve. These nerves leave the geniculate ganglion and enter the superficial petrosal. We then find them in the superior maxillary and occasionally in the ophthalmic. He believes these fibers run in the glosso-pharyngeal and then in the facial, but he did not locate the nucleus from which they arise.

Ophthalmoscope.—This is a small concave mirror by means of which rays of light are directed through the pupil of the eye so that

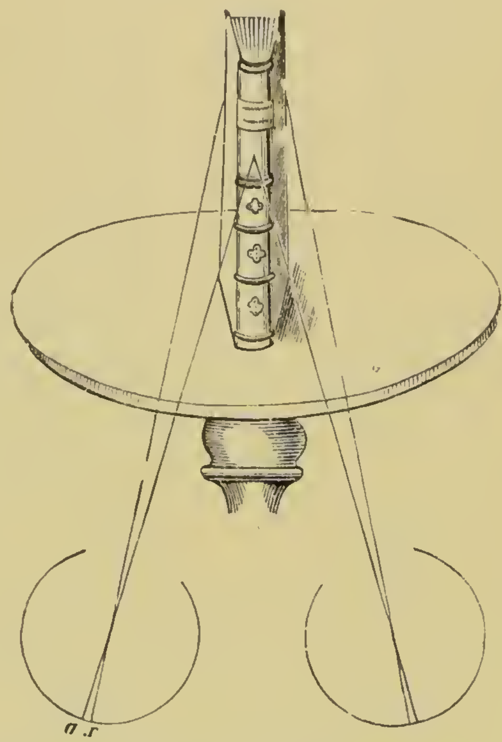

Fig. 134.—Diagram Illustrating Binocular Vision. (BECLARD.)
The lines from the object indicate that rays from the back of the book fall on coincident points of the retina, while each eye further has a special field of vision.

the deep parts are illuminated and made visible. There is a hole in the center of the mirror through which the examiner looks. But the ophthalmoscope may be used with or without lenses. Without lenses the ophthalmoscope gives an erect image. If, however, we use a convex lens over the central aperture of the ophthalmoscopic mirror the observer sees a reinverted image. If a concave lens is used over the aperture of the ophthalmoscopic mirror there is seen an erect image considerably magnified. The instrument is usually fitted with a series of concave and convex mirrors, which can be revolved in front of the central aperture of the mirror.

If the observer is myopic he can use the concave lenses to correct his myopia. If he is long-sighted, he corrects it by means of one of the convex lenses.

If the eye examined be short- or long- sighted, the retinal image could not be brought into focus with the mirror alone, but the examiner can adjust his concave or convex disc, as the case may be, and find a lens to correct the short or long sight of the eye examined.

In this way the ophthalmoscope may be used to measure the degree of myopia or hypermetropia of the eye examined.

Perimeter.—It has been noted that by the peripheral parts of the retina a person can observe pretty definitely the form and color of objects. To determine just how far this field of indirect vision extends in every direction from the visual axis is to locate, by the perimeter, the field of indirect vision. The instrument devised for this purpose is called the perimeter.

With the perimeter the eye is made to view a fixed point from which a quadrant proceeds so that the eye lies in the center of it. Around the fixed point the quadrant rotates, and this circumscribes the surface of a hemisphere in the center of which the eye is located. From this fixed point objects are slid on semicircular arms and are gradually placed more toward the periphery of the field of vision until the object is no longer noticed. Then by moving the semicircular arm in different meridians of the field of vision we obtain what is called the field of vision. The field of vision is more extended below and to the outer side. It is narrowed above by the brow; below by the cheek and the nose.

CHAPTER XX.

CRANIAL NERVES.

THE cranial nerves are twelve pairs of nerves which reach their respective terminations after passage through foramina located in the base of the cranium. They are designated *numerically,* beginning from the anterior portion of the base of the brain backward, as well as by *names* dependent upon their functions and distribution. They are as follows:—

1. Olfactory.	5. Trifacial.	9. Glosso-pharyngeal.
2. Optic.	6. Abducent.	10. Pneumogastric.
3. Motor oculi.	7. Facial.	11. Spinal accessory.
4. Pathetic.	8. Auditory.	12. Hypoglossal.

Origin of the Cranial Nerves.—Upon examination, each cranial nerve is found to possess *a point of superficial origin* as well as *a nucleus of deep origin.*

The *superficial origin* is that point upon the brain's surface where each nerve emerges. This is but the apparent origin of each pair of nerves, since their individual fibers may be traced more deeply.

Each cranial nerve has a special nucleus of gray matter lying deeply within the brain-substance. The nucleus consists of a collection of cells from whose prolongations spring the axis-cylinders which constitute the fibers of the nerves.

The gray masses which represent the prolongations of the anterior horns of the cord into the medulla oblongata form the nuclei of origin of the *cranial motor nerves.* The base, separated from the head of the horn by decussation of the pyramidal columns, remains contiguous to the central canal. It is prolonged in its entirety upon the floor of the fourth ventricle, lying upon each side of the raphé. Beneath the trigonum hypoglossi lies the nucleus of the hypoglossal; beneath the eminentia teres is found the common nucleus of the facial and motor oculi; the nuclei of the abducent and pathetic lie upon each side of the aqueduct.

The head of the anterior horn, cut into fragments by the motor decussation, forms that which is known as the antero-lateral nucleus. This is the motor nucleus of the mixed nerves. By its most internal parts it represents the accessory or anterior nucleus of the hypo-

glossus; farther up, the proper nucleus of the facial; and in the pons there is found the motor root of the trigeminus.

The gray masses of the posterior horns of the cord, prolonged into the medulla oblongata and cut by the sensory decussation or fillet, form the *sensitive nuclei* of the cranial nerves. The base of the posterior horn forms the sensory nucleus of the mixed nerves, namely: glosso-pharyngeal, vagus, and spinal accessory. Above these nuclei there is a gray layer which represents the oblongata center of the internal root of the auditory; higher still arises the sensory nucleus of the trigeminus. The head of this horn, under the name of gray nucleus of Rolando, ascends in the pons to form the ascending root of the trigeminus.

Among the twelve pairs of cranial nerves, ten have their points of origin in cells of the gray matter of the cord. This latter has been prolonged into the medulla oblongata and pons in the form of four motor and sensory columns. Thus these cranial nerves are comparable to spinal nerves.

Comparison with Spinal Nerves.—The law of double root is as applicable here as to the spinal nerves. Those nerves destined for movement originate in the prolongations of the anterior horns, while those which preside over sensibility take their origin in gray matter of the medulla and pons which has sprung from the posterior horns of the spinal cord.

Point of Difference.—There is this difference, however, between cranial and spinal nerves: In the spinal nerves the two roots are intimately united just outside of the spinal-cord substance to form a mixed nerve. In the case of the cranial nerves the posterior sensory roots and the anterior motor roots remain, for the most part, separated to form nerves that are either exclusively motor or exclusively sensory. In other words, the cranial nerves represent the dissociated spinal nerves in which the anterior and posterior roots remain habitually isolated to form nerves which are either fine conductors of motion or sensation, dependent upon their source.

In the hypoglossal alone are fulfilled the true characteristics, for in numerous cases it is found to have a ganglion upon its posterior root.

The mesencephalon has been considered to possess parallel features with the spinal cord, in that it is formed of a series of segments corresponding to the cranial nerves. As the student already knows, each *spinal nucleus* has peripheral conductors which bring to the cord its sensory impressions, and motor nerves to conduct to the muscles

the motor reactions. In the same way the central conductors of the brain bring to it sensory impressions and by its motor fibers carry out motion. Hence it results that all of the sensory fibers of centripetal course have their origin, not in the gray nuclei of the medulla oblongata, but in the ganglia annexed to the dorsal roots of the cranial nerves.

The oblongata nuclei are but terminal nuclei, for in them the sensory fibers terminate by fine arborizations which surround the central cells without penetrating them. The termination is identical with that of the sensory roots of the spinal nerve.

The sensory fibers of the tenth, ninth, seventh, and fifth pairs of cranial nerves, as well as that of the auditory, originate in their respective ganglia. Thus, there is the jugular for the tenth pair, the petrosal for the ninth pair, the geniculate for the seventh, Gasserian for the fifth, and vestibular ganglion for the eighth pair.

On the contrary, the motor fibers of the cranial nerves arise in the central cells of the medulla and pons, just like the motor fibers of the spinal cord. Thus, fine anatomy demonstrates that the cranial, like the spinal, nerves have *double roots*.

Decussations.—The afferent or sensory cranial nerves do not decussate. Of the motor cranial nerves, the third and fourth, the motor root of the fifth, the seventh, the motor root of the vagus, the glosso-pharyngeal, and the hypoglossal *decussate* partially. The pathetic decussates completely in the valve of Vieussens. The last-named nerve springs from the oculomotor nucleus united with that of the pathetic. These portions of gray matter are a direct part of the anterior horn of the spinal cord lying beneath the aqueduct of Sylvius.

In Chapters XVII and XIX were considered the *olfactory*, or first pair of cranial nerves, and the *optic*, or second pair; so that in this chapter there will be taken up, first, the motor oculi, or third pair of cranial nerves.

THIRD PAIR, OR MOTOR OCULI NERVE.

This nerve arises from a nucleus situated between the corpora quadrigemina and beneath the floor of the aqueduct of Sylvius. Beneath its posterior end, the corpus quadrigeminum, it becomes continuous with the nucleus of the trochlearis or patheticus. The oculo-motor nuclei consist (1) of a group of cells concerned in accommodation; (2) those concerned in the reflex action of the iris to light; (3) the innervation of all the muscles of the eye except the

external rectus and superior oblique. The neuraxons of these cells pass by and through the red nucleus and emerge at the inner side of the cerebral crura, to pass through the interpeduncular space along the outer boundary of the cavernous sinus, enter the sphenoidal fissure, and go to the muscles of the eyeball, except the external rectus and superior oblique. It also gives fibers to the ciliary muscle and the sphincter of the pupil and a branch to the elevators of the upper lid.

The posterior longitudinal bundle is also connected with the nuclei of the third, fourth, and sixth nerves. The oculomotor nucleus also has a connection with the optic neurons in the anterior corpora quadrigemina. In the cavernous sinus it receives filaments coming

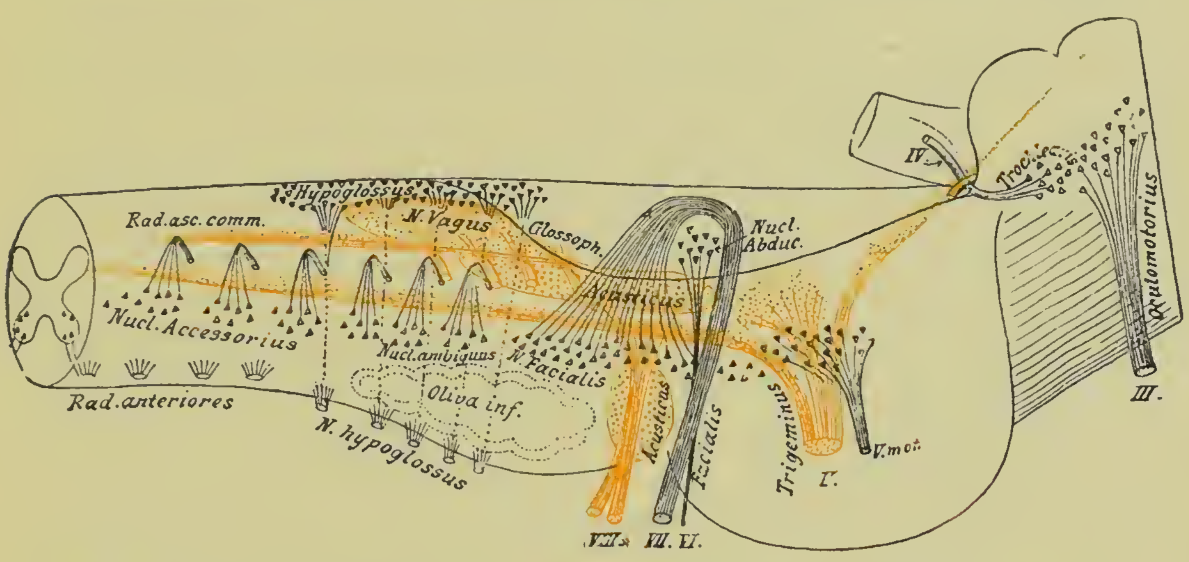

Fig. 135.—Position of the Nuclei of the Cranial Nerves. (After EDINGER.)

The medulla oblongata and pons are imagined as transparent. The nuclei of origin (motor), black; the end nuclei (sensory), red.

from the carotid branches of the great sympathetic nerve and also a branch from the ophthalmic of the trigeminus.

Functions.—From a functional point of view, it may be said that the motor oculi is devoted exclusively, in conjunction with the fourth and sixth pairs of nerves, to making the sight perfect. With these nerves it concurs to regulate the varied movements which allow the eye to act as a telescope upon a support that is furnished with numerous articulations. By means of these muscles and nerves of the orbit the individual is enabled to remove the visual field from place to place and in all directions to any objects which he might wish to examine.

For its part, the motor oculi allows the eye to see particularly objects that are situated high or low or at one side. However, it has a most important function in the harmony of the associated move-

ments by which two images fall upon identical points of the retinæ of the two eyes, thus causing but one and the same impression.

The third pair of nerves manages to regulate the amount of light which falls upon the retinæ. Its function in this capacity is to protect the optic nerve against a too intense excitement from excessive light. By contracting the pupil it lessens the pencil of light which penetrates into the depths of the ocular globe.

On the contrary, it is the sympathetic which produces dilatation of the pupil so that the retina may receive all of the light which can be reflected from obscure objects. For the accomplishment of contraction and dilatation of the pupil the iris comprises two kinds of muscular fibers: circular and radiating. The former are connected with the motor oculi; the latter with the sympathetic.

Finally, the third nerve is considered to have an important function in the act of accommodation.

Pathology.—The motor oculi is frequently a sufferer by reason of its situation and course. It is often compressed by tumors at the base of the brain. In its passage through the sinus cavernosus it is exposed to compression by a thrombosis of this venous canal.

The course of the third nerve through the interpeduncular space makes it play a considerable part in pathology. This is the place of predilection for meningitic deposits. This segment of the nerve is most frequently compressed in the exudates of tubercular meningitis. It is also the point of attack of constitutional syphilis, particularly during the tertiary period; this is a chronic meningitis which has its principal focus at the interpeduncular space as an exudate. Diphtheritic infection often attacks the third pair of cranial nerves.

Paralysis of the oculomotor gives rise to external squint. Its irritation causes internal squint, and also contraction of the pupil, or myosis. The eye deviates outward, due to the action of the external rectus not being antagonized by the internal rectus.

Diplopia.—The deviation of one of the eyes does not permit the maintenance of parallelism of the visual axes. Without this coincidence the two images will not fall upon identical points in the retina. Hence all objects seen will be double. This symptom, known as *diplopia,* renders the sight very uncertain and often produces vertigo.

Should the paralysis be general, so that it comprises the elevator of the lid, Nature brings for itself a remedy for the defect of diplopia by suppressing the vision of one eye. It does this by letting the lid fall over the deviating eye. This drooping of the lid gives the condition known as *ptosis.*

Stimulation of the motor fibers of the third can be produced reflexly by teething or intestinal irritations of children; hence their squint. Chronic spasms of the eye-muscles which are involuntary are called by the name *nystagmus*.

Drugs.—Atropine paralyzes the intra-ocular ends of the motor oculi; *Calabar bean* stimulates them and paralyzes the sympathetic.

FOURTH PAIR, OR PATHETIC NERVE.

Distribution.—The pathetic supplies the superior oblique muscle.

Physiology.—If the peripheral end of the pathetic be electrically irritated, the superior oblique muscle contracts and turns the eyeball downward and outward.

The pathetic is a nerve that is especially endowed for the realization of simple vision with the two eyes in inclined positions of the head. It is impossible for an individual to carry one eye downward and outward. That is, he cannot make a movement directed by the superior oblique and still keep the head perfectly vertical. It becomes necessary that the head be inclined to one side, and at the time this inclination is produced the rotation of the eyeball occurs without the will having the power to prevent it. By the very act of inclination of the head the necessary parallelism of the two eyes is positively destroyed; hence this involuntary action of the superior oblique to place the visual axes upon the same plane.

The fourth pair of cranial nerves arise from a collection of cells beneath the anterior part of the posterior corpus quadrigeminum. It completely decussates in the superior medullary velum. It starts behind the quadrigeminal body and then appears like a white thread winding around the outer side of the crus of the cerebrum. It then pierces the dura mater, runs along the outer wall of the cavernous sinus, and enters the sphenoidal foramen with the oculomotor and abducent. It supplies the superior oblique muscle of the eye.

Pathology.—Usually the first sign of any disorder of the pathetic is a giddiness when ascending or descending a stairs, owing to the double vision that occurs when the patient, in going down, looks at his steps.

To overcome this diplopia he gives to his head a position that is quite characteristic. He holds his head bent forward and directed to the ground. This position overcomes the necessity of moving the eyeballs from above downward and so minimizes the liability to diplopia.

SIXTH PAIR, OR ABDUCENT NERVE.

This nerve arises from a collection of cells seated beneath the floor of the fourth ventricle below the striæ acustieæ. The loop of the faeial incloses it. The abducent emerges between the summits of the pyramidal bodies of the medulla oblongata and the pons. As a threadlike nerve it goes through the cavernous sinus and through the sphenoidal foramen to the external rectus. The nucleus of the abdueent has a conneetion with the posterior longitudinal bundle of fibers to the opposite oeulomotor nucleus, thus permitting associated movements of the eyeball. The pontal olives are eonneeted by fibers with the oeulomotor nucleus. These olives are also connected with the auditory nuelei, and these nuclei are eonneeted with the eerebellum; so that there is an assoeiation between the motor nerves of the eye, the auditory nerves, and the cerebellum.

Physiology.—The sixth nerve is exelusively motor. It has for its only aim to exeite the external rectus. When the nerve is strongly galvanized the eyeball deviates outward. Its section, on the eontrary, produees an internal strabismus. It is espeeially adapted for seeing objeets placed to one side. In general, the abducent is but one of the elements for the exereise of perfeet vision.

Pathology.—Paralysis is the most common manifestation in the sixth pair. A considerable concussion of the orbital eavity, especially when it is upon the external side, will partieularly paralyze the abdueent. Unilateral paralyses of this nerve are usually of peripheral origin. Bilateral paralysis is generally due to eentral disturbanee. The most prominent symptom of this affection is an internal or convergent strabismus. The eye is held inward by the tenaeity of the *rectus internus*, so that not more than one part of the eornea is perceived.

CONJUGATE DEVIATION.

Waller explains this as follows: The two eyes are exaetly equal and parallel for different direetions of distant vision. Both eyes are turned to the right or to the left, up or down, so that the objeet fixed gives images on corresponding parts of both retinæ. In movements direetly upward or downward museles of the same name in each eye are assoeiated in aetion; but in lateral movements the assoeiation is asymmetrieal: *e.g.*, the external rectus of one eye aets with the internal reetus of the other, and the peculiarity of this assoeiated action seems still more striking when it is remembered that the external rectus is supplied by the sixth nerve, while the internal reetus is

supplied by the third. A similar, if less striking, association of asymmetrical muscles on the two sides occurs in the rotation of the head and neck, which are turned to the right by the right inferior oblique and the left sterno-mastoid muscles, and to the left by the left inferior oblique and the right sterno-mastoid. In looking to the right we contract the right external and left internal rectus: *i.e.*, impulses pass through the right sixth nerve and the left third, possibly from the left and from the right side, respectively, of the motor cortex, but more probably from only the left motor cortex, in which case we must suppose that certain nerve-fibers cross twice: once between the cortex and bulbar nucleus and a second time between the nucleus and nerve-termination. Unilateral convulsions of cortical origin are accompanied by rotation of the head and eyes toward the convulsed side: *i.e.*, away from the cerebral lesion. Thus a discharging lesion of the right motor cortex causes convulsions of the left side of the body, with rotation of the eyes to the left. This is a "conjugate deviation." A destructive lesion of the right motor cortex causes paralysis of the left side of the body, with rotation of the eyes to the right. The peculiarity in this case is that there is a cessation of action along the left sixth nerve (external rectus) and the right third nerve (internal rectus), the deviation of the eyes to the right being caused by the unbalanced action of the muscles, which rotate the eyes to the right.

FIFTH PAIR, TRIGEMINUS, OR TRIFACIAL NERVE.

The fifth pair of nerves, like a spinal nerve, has two roots: an anterior motor one and a posterior sensory one. The neuraxons of the motor nucleus in the pons make up the motor root. The sensory arises in the Gasserian ganglion, and, like a posterior-root ganglion, its neuraxons are divided, one part going to the skin of the face and the other, running toward the pons, also divides into two parts, one going upward and the other downward. The gelatinous substance of Rolando on the posterior horn receives the fibers running upward, which arborize around the cells.

The descending part of the trigeminus, known as the ascending root, extends down to the second cervical vertebra, continually giving off collaterals as it descends, which arborize around the gelatinous substance of Rolando of the posterior horn, thus making the lower trigeminal nucleus a long one. The descending branch also has collaterals, which arborize around the motor nuclei of the hypoglossal, facial, and trifacial. The neuraxons of the sensory nuclei in which

the trigeminus ends decussate and go to the cortex in the fillet. The nucleus of the motor root lies in the pons, near the sensory nucleus of the trigeminus and back of the nucleus of the facial, of which it is probably a part. There is another nucleus, the accessory nucleus of the motor nucleus, which is situated beneath the aqueduct of Sylvius, and which sends descending fibers to the motor nucleus.

The trigeminus emerges from the pons by two roots: a large sensory root and a small motor root. The large root has the Gasserian, or semilunar, ganglion, while the small root runs beneath it. From the semilunar ganglion emanate the ophthalmic, superior maxillary, and a third branch, which joins the small root of the trifacial to form the inferior maxillary nerve. The nasal branch of the ophthalmic, ciliary, or lenticular, ganglion, gives off the ciliary nerves for the ciliary muscle and iris. This ganglion receives motor fibers from the oculomotor nerve and branches from the sympathetic. The superior maxillary branch passes through the rotund foramen of the sphenoid bone and gives off dental and spheno-palatine nerves which go to Meckel's, or the spheno-palatine, ganglion. It gives off nasal, palatine, and pterygoid nerves. The pterygoid nerve gives off a branch, the great petrosal, which enters the cranial cavity through the cavity of the foramen lacerum and enters a canal on the front of the petrous portion of the temporal bone to join the facial nerve. The inferior maxillary nerve is formed of the small motor root of the trigeminus and a third branch of the semilunar ganglion, and makes its exit from the skull by the oval foramen. It gives off the auriculo-temporal and the lingual nerve, which in its course is joined by the chorda tympani of the facial and the inferior dental nerves. On the sensory division of the inferior maxillary nerve is seated the otic, or ganglion of Arnold. From it emanates the small petrosal nerve, which enters the cranium through a fine canal in the spinous process of the sphenoid bone and then courses along a canal in front of the petrous portion of the temporal bone to join the facial. The otic ganglion gives out filaments to the tensor palati and tensor tympani muscles.

Physiology.—From the point of view of *general sensibility* the trigeminus possesses a considerable domain. To it alone is intrusted the giving of general sensibility to nearly all parts which enter into the composition of the head. In the external covering of the head but one region escapes it, which is the lateral and posterior part of the hairy scalp, the innervation for the latter coming from the cervical nerves.

As to mucous-membrane sensibility, trifacial innervation comes only to the posterior third of the tongue, where the glosso-pharyngeal innervates the palate, with the middle and inferior parts of the pharynx.

These points being eliminated, it gives tactile sensibility not only to the skin, but also to all of the tissues of the head, comprising the glands, meninges, organs of sense, bone, and dental pulp.

Reflex Relations.—By reason of the ciliary filaments the trigeminus is in particular reflex relation with the motor oculi and sympathetic. Because of the ramifications of the trifacial branches in the mucous membrane of the nose there is established a very intimate relation with the expiratory muscles and nerves. Even the slightest touch may occasion a sudden and violent sneeze. A close relationship exists between this nerve and the muscles and nerves of deglutition.

A remarkable fact in connection with the trigeminus is its great functional resistance to various poisons which are capable of paralyzing nerves of sensation. While all other regions of the body show the effects of anæsthetics, those under the dominion of the trigeminus still preserve a high degree of sensibility. Even though a patient be anæsthetized with chloroform, yet will he perceive punctures in the temples and frontal regions. This occurs in spite of the fact that sensations are not perceived elsewhere.

Motor Functions.—By its short root the trigeminus holds under its power the movements of elevation, depression, and rotation of the lower jaw. If this root be cut, it is found that the muscles concerned in the performance of the above-mentioned movements are paralyzed. The lower jaw remains passively separated from the upper.

Trophic Function.—Within twenty-four hours after intracranial section of the trigeminus, the cornea becomes opaque. At the end of five or six days the cornea becomes very white in color. The iris becomes inflamed and covered with false membranes.. In about eight days the cornea becomes detached and the contents of the eye escape.

The suppression of the fifth pair is followed by remarkable alterations in the Schneiderian membrane. It becomes spongy and bleeds upon the least touch. The place where the olfactory bulbs lie is completely changed. Thus the acts of olfaction and vision are indirectly affected.

Pathology.—By reason of the intimate association of the trigeminus, and its Gasserian ganglion, with the petrous portion of the temporal bone, it is exposed to all of the shocks and blows that are able to fracture this bone.

The relations of the trigeminus with its meninges are very apt to be disturbed seriously by the presence of tumors. The false membranes which are found in meningitis compress it and so produce atrophy. The exudates of tubercular meningitis very often produce anæsthesia of the face.

The fifth pair is most often the seat of either excessive sensibility or paralysis. It is, perhaps, the one nerve which is the most frequently affected in neuralgia. The relative nearness of the trigeminus to its sensory center probably explains the acuteness of the pains in neuralgia.

SEVENTH PAIR, FACIAL NERVE, OR PORTIO DURA.

The facial nerve arises from a nucleus beneath the floor of the fourth ventricle. This nerve contains a motor and a sensory root. The sensory root comes from the cells of the geniculate ganglion, and is called the nerve of Wrisberg. The motor pontal nucleus gives off the neuraxons of the motor root. The motor nucleus is thought to be the upward part of the nucleus ambiguus, which originates the motor fibers in the vagus and glosso-pharyngeal nerves. The neuraxons of the motor nucleus form a distinct knee, which, uprising on the floor of the fourth ventricle, is known as the eminentia teres. The facial nerve in its course to the periphery makes a peculiar loop, or knee, inclosing the nucleus of the abducent, and emerges from a depression back of the pons between the olivary and restiform bodies, enters the internal auditory meatus with the auditory nerve, leaves the auditory nerve, enters the Fallopian canal, and makes its exit by the stylomastoid foramen to go to the muscles of the face. The nerve of Wrisberg, or the sensory part of the facial, is made up of neuraxons from the cells of the geniculate ganglion seated in the Fallopian canal. The auditory nerve is also called portio mollis, and it lies to the outer side of the facial,—the portio dura,—and between the two is the pars intermedia portio inter duram et mollem of Wrisberg, which extends from the medulla to join the facial in the internal auditory meatus. It is connected with both auditory and facial nerves, between which it lies. The central neuraxons of the geniculate ganglion or the nerve of Wrisberg go to the fasciculus solitarius or the vagus and glosso-pharyngeal roots. The peripheral neuraxons of the geniculate ganglion join the facial, and Duval states that they go to form the nerve of taste: the chorda tympani.

In the hiatus Fallopii the *great petrosal* nerve branches off from the facial. It, in conjunction with a filament from the glosso-pharyn-

geal and another from the sympathetic, passes over to join the ganglion of Meckel.

The *small petrosal* leaves the aqueduct by a particular opening to end in the otic ganglion.

Chorda Tympani.—A few millimeters above the stylo-mastoid foramen the facial gives off a branch of very considerable size: the *chorda tympani.* It ascends into the cavity of the tympanum. It passes between the malleus and incus, giving a branch to the latter, and then enters the zygomatic fossa. The chorda tympani then descends between the two pterygoid muscles to meet the nerve of taste. After communicating with the latter it accompanies it to the submaxillary gland. There it joins the submaxillary ganglion to terminate in the lingual nerve.

Physiology.—While the trigeminus is responsible for the sensory actions of the face, the facial presides over the contraction of the facial muscles of expression.

The facial nerve is purely motor, and so has nothing to do with the transmission of sensory impressions developed upon the face. After its section the skin still preserves all of its sensibility. On the other hand, after section of the trifacial it completely disappears. Though the facial does not transmit sensory impressions, yet in itself it is sensitive because of the branches which it receives from the trigeminus. If the nerve be pinched, the animal shows signs of pain.

Pathology.—The facial is the motor nerve which suffers most easily from the influence of cold. Facial paralysis, or Bell's palsy, may occur very easily when draughts from a window blow upon the face.

When the paralysis is unilateral, the face is drawn toward the sound side. The labial commissure on the paralyzed side is lower than the other, thus giving to the mouth an oblique direction.

Bell's paralysis is usually due to a cold draught of air striking the nerve at its exit from the stylo-mastoid foramen. When the cause is seated in the brain the external rectus is usually affected, because its nerve is also involved and usually there is paralysis of the opposite half of the body, or crossed paralysis. Here the lesion is in the pons. If the lesion is seated in the petrous portion of the temporal bone, there is not only facial palsy, but also loss of taste from an involvement of the chorda tympani.

EIGHTH PAIR, OR AUDITORY NERVE.

The anatomy and function of this nerve have been discussed in Chapter XVIII.

NINTH PAIR, OR GLOSSO-PHARYNGEAL NERVE.

The glosso-pharyngeal nerve is a nerve of both motion and sensation. The nucleus ambiguus gives off neuraxons to form its motor root. The sensory neuraxons arise from the jugular and petrosal ganglions and arborize about two sensory nuclei in the medulla oblongata. The lower sensory end nucleus produces an elevation on the floor of the fourth ventricle, and is called the ala cinerea. The upper nucleus is also connected with sensory neuraxons of glosso-pharyngeal nerves, while the lower portion of this nucleus is in relation with the vagus. The second nucleus is called the vertical nucleus, the fasciculus solitarius, the combined descending root of the pneumogastric and glosso-pharyngeal nerves, or the respiratory bundle. This respiratory tract extends from the olive down the spine to the eighth cervical nerve. This respiratory bundle of Gierke may associate the nuclei co-ordinating the various respiratory muscles. The glosso-pharyngeal nerve arises by a half-dozen cords from the restiform body and goes through the jugular foramen into the vagus, where it has a small ganglion: the jugular. As it emerges from the jugular foramen there is developed the petrosal ganglion, or ganglion of Andersch.

Nerve of Jacobson.—This same ganglion gives origin to the nerve of Jacobson. It enters the cavity of the tympanum by way of an opening in its floor, where it divides into three filaments. These are distributed: one to the round window, one to the oval window, the third to the lining membrane of the Eustachian tube and tympanum.

Physiology.—The ninth is a mixed nerve. Its motor properties are distributed to the middle constrictors of the pharynx and the stylo-pharyngeus muscle.

The most important sensory function of the glosso-pharyngeal is the part which it plays in the rôle of the sense of taste.

The ninth nerve has an action upon the blood-vessels of the tongue identical with that of the chorda tympani. If the glosso-pharyngeal be cut and its peripheral end stimulated, the tongue becomes of a livid red.

Pathology.—In man there are no clear cases recorded where there have been uncomplicated affections of the glosso-pharyngeal.

TENTH PAIR, PNEUMOGASTRIC, OR VAGUS.

Of all of the cranial nerves, the vagus is the most important and has the most functions of a varied nature in clinical study. It is a

nerve of motion and sensation. The motor neuraxons arise from the nucleus ambiguus. The sensory roots come from the neuraxons of the jugular and petrosal ganglions. The sensory neuraxons have been described under the preceding nerve: the glosso-pharyngeal. The vagus springs by means of from ten to fifteen cords from the groove behind the olivary body and passes through the jugular foramen with the glosso-pharyngeal and spinal accessory nerves. In the jugular foramen it has a ganglion: the jugular ganglion. After it emerges from the foramen it has an enlargement, the gangliform plexus, or ganglion nodosum.

The plexus gives off the *pharyngeal* and *superior laryngeal* nerves.

The pharyngeal nerves, three in number, go down the side of the pharynx to supply the mucous membrane and muscles of the pharynx. The superior laryngeal goes down the side of the larynx. This nerve also furnishes a collateral branch, important from a physiological standpoint, to the crico-thyroid muscle. It then loses itself in the mucous membrane of the larynx.

At the base of the neck the vagus gives off another branch, the *recurrent,* or *inferior laryngeal.* The nerve upon the right side descends in front of the subclavian artery and winds around it posteriorly from beneath. Upon the left side the nerve winds around the arch of the aorta in the same manner.

As collateral branches, the vagus furnishes cardiac fibers, which form the cardiac plexus and are destined to innervate the heart. There are also œsophageal fibers whose terminations are distributed to the œsophagus and trachea.

In the cervical region the tenth pair gives rise to a branch, the *nervus depressor.* It results by the fusion of two fibers: one from the superior laryngeal and the other from the vagus itself. The nervus depressor loses itself in the cardiac tissue of the heart at the level of the aortic and pulmonary orifices.

During the first portion of its course the vagus forms numerous anastomoses. These are with the spinal accessory, the facial, and hypoglossal cranial nerves, and with a great number of branches from the various ganglia of the sympathetic system.

In the *thorax* the vagus gives off cardiac and pulmonary branches. These also anastomose with the sympathetics to form numerous plexuses.

The *terminal branches* of the vagus are distributed to the stomach, to the solar plexus, and also to the hepatic plexus of the sympathetic.

The most striking feature with regard to the vagus is the great number of its anastomoses. It is a very complex nerve and in no part of its course is it exclusively itself.

Physiology.—The relationship existing between the vagus and spinal accessory nerves is a very intimate one by reason of their anastomoses. This makes the determination of the true nature of the vagus one of the difficult problems of physiology.

It is certain that the vagus is endowed with sensibility, for the suppression of the spinal accessory does not deprive the parts of any sensibility in any portion of their common distribution. But, as the spinal accessory is motor and the vagus sensory, it does not necessarily follow that the latter nerve is exclusively sensory and that all movements realized by association should be the special work of the spinal accessory. It was Bernard who first demonstrated that the vagus in itself is a *mixed nerve.* After he had torn out all of the root-fibers of the spinal accessory in animals he found that the motor acts of the larynx persisted in the phenomena of respiration. However, while the vagus in itself is a mixed nerve and has a certain amount of motor functions, yet its principal rôle is of a sensory nature.

The mode of distribution of the vagus indicates that the nerve exercises some action upon (1) the *digestive apparatus,* (2) the *respiratory apparatus,* (3) the *circulation,* (4) the *hepatic apparatus,* and (5) an indirect action upon the kidneys and suprarenal glands.

Pathology.—The recurrent is more liable to be pressed upon by reason of its peculiar course and its direct relations with the great vessels and body of the thyroid. As the vagus is a mixed nerve, it is very evident that compression causes troubles in motion and sensibility, either isolated or conjointly.

Any lesions located at the origin of the vagus cause phenomena of irritation in the whole sphere of distribution of this nerve. Reflexly the vagus is capable of affecting the chorda tympani and increasing the flow of saliva. It is for this reason that intestinal parasites often cause ptyalism.

The sensibility of the branches of the vagus in the stomach remains unconscious during the normal physiological state, when it does not seem to be any greater than that of the sympathetic. During pathological conditions, however, it acquires a high degree of intensity. Thus, in simple wounds of the stomach, without hæmorrhage or peritonitis, the impression carried to the medullary center may be of such a nature as to cause rapid death.

The great frequency of gastralgia is due to an affection of the terminal branches of the tenth pair. At its cranial end this same nerve is found to be in direct relation with the trigeminus through the intervention of the gray tubercle of Rolando. This fact undoubtedly furnishes the key to the headache which so often accompanies gastralgia.

The vagus is the chief sensory carrier of the reflex movements of circulation and respiration. Thus, irritation of the renal and hepatic plexuses can produce vomiting.

Angina pectoris has its seat in the cardiac plexus. The sensation experienced is like that seen in the renal and hepatic plexuses after renal and hepatic colic.

ELEVENTH PAIR, OR SPINAL ACCESSORY NERVE.

The eleventh pair of cranial nerves, the spinal accessory, is composed of two distinct parts: a *spinal* portion and an *accessory* portion. A group of cells in the anterior horns of the spinal cord and extending downward to the sixth cervical segment is called the accessory nucleus. There is another group of cells at the exit of the first cervical nerve which extends into the medulla oblongata and is the origin of the hypoglossal nerve. The medulla-oblongata root arises from the nucleus ambiguus, which is connected with the vagus nucleus in the medulla.

The *superficial origin* of the accessory portion is from the groove between the inferior olive and the restiform body. Near the jugular foramen both portions come together, but do not exchange fibers. Very soon both roots separate from one another to form the two distinct branches.

The *accessory portion* of the nerve passes entirely into the plexus gangliformis of the vagus. This branch supplies the vagus with the major portion of its motor fibers and also with its cardio-inhibitory fibers.

The spinal portion enters the cavity of the cranium by passing through the foramen magnum. The two portions of the spinal accessory leave the cranium together by passing through the middle compartment of the jugular foramen. The spinal portion then pierces the sterno-mastoid to supply it and the trapezius. This portion of the nerve communicates with several cervical nerves.

Physiology.—The eleventh nerve is generally considered to be motor. Any observable sensibility must be due to anastomosis with the cervical nerves.

From experimentation it has been found that the accessory branch presides, through branches in the vagus, over the *formation* of sound and its tone. The spinal branch is concerned in the duration, intensity, and modulation of the vocal sound. Hence it regulates the rhythm of speech and song.

Aphonia is often due to hysteria, but may be due to lead poisoning, syphilis, or to such reflex causes as intestinal worms. The reflex that is established between the vocal and genital organs is also shown by troubles in the spinal branch of the spinal accessory. The voice may be lost at times during menstruation.

TWELFTH PAIR, OR HYPOGLOSSAL NERVE.

The nuclei of the hypoglossal nerve are under the floor of the fourth ventricle, on each side of the raphé. Beneath the main nucleus of the hypoglossal nerve is a collection of cells in the formatio reticularis called the hypoglossal nucleus of Roller.

Anastomoses.—The connections of the hypoglossal are: 1. With the superior cervical ganglion of the sympathetic, which supplies vasomotor fibers to the vessels of the tongue. 2. The plexus gangliformis vagi gives a small lingual branch which supplies the tongue with sensory fibers. 3. The hypoglossal is also connected with the upper cervical nerves.

Physiology.—The hypoglossus, by itself, is purely motor. It moves the muscles of the tongue. When its original filaments are torn out there is never any pain. Sensibility of its terminal branches is due to anastomoses with the lingual. When the hypoglossus is cut, the tongue remains quiescent in the mouth.

In unilateral paralysis of the hypoglossus the tongue, when protruded, passes over to the *paralyzed* side. This phenomenon is occasioned by the action of the genio-hyoglossus of the sound side.

LITERATURE CONSULTED.

Gordinier, "Nervous System."

CHAPTER XXI.

REPRODUCTION.

Reproduction, with the aim to maintain the species, is one of Nature's foremost laws. On every side of us does biology demonstrate this to the student. It is foremost in all the varying stages of both animal and vegetable life: from the lowest organisms to the highest. Among the amœbæ and other forms of lower life are their own definite laws of reproduction adhered to and carried out as perfectly as among the highest order of the vertebrata.

THE LOWER ORDERS.

Among the lower orders of creation there is not present that great complexity and amount of detail seen in the reproduction of the higher orders. The individuals of the lowest orders, whether plant or animal, seem to possess in their every part and component the general plan of that particular species of plant or animal. And, furthermore, each part and component is capable of building up for itself a perfect plant or animal. It is not necessary for its propagation that there be specialized cells present, or that it be aided by other and perfect individuals of its own species.

It has long been known that, should a portion of a hydra be separated from the living animal, it will develop into a complete hydra.

The agriculturist makes use of the fact that from a cutting, branch, tuber, or even a leaf of a plant there may spring a perfect plant of the exact species from which the parts were taken.

Among the lowest organisms there is no need for sex or specialized cells by whose union there emanates an entirely new individual. There are present in every part, and, in fact, within the *cells* of every part, those inherent principles which are the essentials for the proper reproduction of the individual.

AMONG HIGHER ANIMALS.

Among the higher animals the plan of the entire organism is not latent in each and every portion of its economy. Any portion that is severed from the individual promptly dies, unless it be properly nourished and cared for. Among these higher spheres of life *sex*

is a most important factor in reproduction. The two sexes are separate. In order that a new being be brought into existence, it becomes necessary that specialized cells of the male be brought into conjunction with specialized cells of the female: that is, *fecundation*, or impregnation, must occur.

Fractional Reproduction.

By the term "reproduction" is generally conveyed the idea that there is propagation of the species by the formation of an entirely new individual. However, the fact must not be lost sight of that, among the higher orders, there occurs a reproduction, to a certain limited extent, of the various components of the organism: a fractional reproduction, so to speak.

From the incessant wear and tear incident to almost constant usage, the various components of the economy are losing many of their cells by death. These dead cells, no longer able properly to functionate, find egress from the body. To maintain a normal and well-balanced body it is necessary that the wasted, ejected cells be renewed. Hence, during the natural cycle of the animal's life there is constantly occurring a partial, or fractional, reproduction of the economy's organs. When the tissues of any organ are not too highly specialized this reproduction is very evident, as new skin covering an ulcerous area by means of granulation tissue. On the other hand, nerve-cells, which are representatives of the highest type of specialized tissue, are not believed to be reproduced. Lesions among these cells are healed by granulation and cicatricial tissue.

Among some animals this partial reproduction is more marked than in men and other high types of animal life. It is said that in the hydra an amputated part is replaced, not by cicatricial tissue, but by the regular specialized tissues as they occur in the animal.

Fecundation.

As just stated, it is necessary that the male elements enter into conjunction with the female element before fecundation takes place among the higher animals. The male specialized element is the *spermatozoön;* the female, the *ovum.* Both of these sexual cells are the results or products of a series of changes which have taken place in certain epithelial cells.

Spermatozoön.—That portion of the seminal fluid which comes from the testis contains myriads of microscopical cells: the spermatozoa. These little bodies, or sexual cells, are derivatives of the walls

of the seminiferous tubules. The tubules are lined with low-cuboidal cells which become broken up so as to form *spermatoblasts.* Each spermatoblast by further metamorphosis becomes a spermatozoön.

STRUCTURE.—The spermatozoa of various animals present differences as to shape and size. The human spermatozoön is an elongated, ciliarylike body. It is about one-five-hundredth of an inch long and presents three portions: *head, middle piece,* and *tail.*

The *head* is the most prominent portion of the body and represents the nucleus of the spermatozoön. It is the essential portion of the spermatozoön as regards sexual function.

Fig. 136.—Human Spermatozoa. (MANTON.)

The *tail* is a slender, albuminous filament whose chief function seems to be to propel the cell in its search for the female element: the ovum.

Ovum.—The ovum is a small, spheroidal body lodged in a Graafian follicle within the ovary of the female. It is the female sexual cell.

In size the human ovum measures about one one-hundred-and-twentieth of an inch in diameter. Not only the human ovum, but ova of other animals are remarkable in that they are larger than any other cell within the body of the female.

The ovum is a typical cell, containing *cell-wall, cell-contents, nucleus,* and *nucleolus.* Like other cells, it undergoes division and produces cells which ultimately form the various tissues of the future,

but not before the ovum has been fertilized by union with the spermatozoön.

The ovum is the final product of a series of metamorphic changes occurring in cells which have been derived from the *germinal epithelium* of the ovary. Each ovum develops within its own compartment, a *Graafian follicle;* as the ovum nears completion the follicle moves to the surface of the ovary. The fluid contained within the follicle then gradually thins its own wall as well as the germinal epithelium of the ovary until there occurs a rupture of the sac. The ovum, with the escape of the fluid, also passes out upon the surface of the ovary.

During sexual excitement the fimbriated end of the Fallopian tube grasps the ovary, and the ovum is conducted to the tube by the

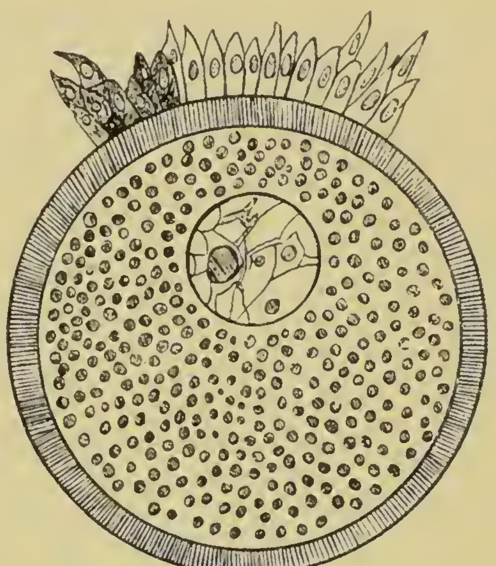

Fig. 137.—Ovum of Rabbit. (MANTON.)

fimbria ovarica, and is then carried through the tube down into the uterus by the instrumentality of the ciliated epithelium lining the tube. This escape of the ovum from its Graafian follicle is known by the term *ovulation.* Should the ovum not be impregnated, it dies and passes out of the uterus as a constituent of its secretions. On the other hand, should it become fecundated, the ovum becomes attached to the mucous membrane of the uterus, usually occupying the bottom of some little cleft or pouch.

The investigations of Peters, of Vienna, and of Webster, of Chicago, show that the uterine mucosa does not fold up around the ovum, but that the mucosa at the site of implantation is eroded; so that the ovum eats its way, as it were, into the mucosa, sinking into its depths until the edge of the swollen mucosa closes over it, thus forming the decidua reflexa.

Maturation.—Before the ovum leaves its follicle and before it is possible for it to be impregnated, the ovum must pass through the process of *maturation,* or *ripening.* In short, the process is the expulsion of a portion of the nucleus and protoplasm of the ovum. The nucleus then undergoes changes which seem to be the same as those occurring during ordinary karyokinesis. The significance of maturation is believed by some observers to be to furnish room in the ovum for the entrance of the male pronucleus, which is to occupy the place of the portion lost.

Menstruation.—In the adult female during certain age-limits there occurs a discharge from the genitalia once about every twenty-eight days. This periodical discharge consists of blood, dead and disintegrated epithelium from the uterus, and mucus from the glands of the uterus.

With the discharge of the above-named materials there is *usually* expelled at the same time one or more ova from their follicles. However, ovulation and menstruation may be and very often are independent of one another. The onset of menstruation is usually heralded and then accompanied by certain constitutional signs of fullness and pain in the pelvic region. There is a real congestion of all of the pelvic organs; in particular the uterine mucous membrane is swollen and congested. From it are derived the blood and epithelium of the menstrual flux. By some authorities it is claimed that the entire uterine mucous membrane is exfoliated at every flux, to be regenerated in the *interim.*

It has been found by observers that congestion of the ovary coincident with sexual intercourse is capable of rupturing Graafian follicles and so liberating ova. From this it is reasonable to suppose that the congestion and high tension of the generative organs during the time of menstruation would surely accomplish the same end.

The usual period of a female's life during which she menstruates is from *puberty* (from the thirteenth to the fifteenth year) to the *climacteric,* or *menopause* (about the forty-fifth year.) Its cessation at the latter period denotes the end of the childbearing period.

Fertilization.—This is the proper union of the male and female sexual cells after the ovum has been previously matured, or ripened. The act is consummated when the head of the spermatozoön (now known as the male pronucleus) becomes permanently fused with the remnant of the nucleus of the ovum (the female pronucleus).

Segmentation.—The unimpregnated ovum soon perishes; not so with one that is fertilized. The latter immediately begins to show

karyokinetic changes, segmentation following segmentation until the ovum has become a mass of cells: the *morula*. These are the primitive cells from which all of the tissues of the future embryo are formed. They are known as *blastomeres*.

During segmentation the ovum is enlarging by the absorption of fluid into its interior and the formation of a *cleavage-cavity* in the center of the morula. From pressure upon one another the cells become polyhedral in shape and are so arranged as to form a cellular envelope just inside of the vitelline membrane,—the *blastoderm*,—and a central mass of cells projecting from the wall into the cleavage-cavity.

The cells forming the wall of the cleavage-cavity, known as the outer cell-mass, thin out and are known as the cells of Rauber; they subsequently disappear, while the cells of the inner cell-mass, which later projects into the cleavage-cavity, become rearranged in a manner at present inexplicable, to form two layers: the entoderm and the ectoderm, respectively. The outer layer is known as the *ectoderm*, or *epiblast;* the inner, as the *entoderm*, or *hypoblast*.

Embryonal Area.—At the beginning of the stage of gastrulation there appears upon the delicate vitelline membrane a round, whitish spot. It is the *embryonal area*, or *shield*. The area becomes oval and then pear-shaped. At the narrow end there appears an elongated narrow thickening: the *primitive streak*. Later the streak develops a furrow: the *primitive groove*.

At the same time there appears in the region of the front end of the primitive streak several layers of new cells. As they occupy a position between the ectoderm and entoderm, they have been designated the *mesoderm*.

While the mesoderm is pushing its way over the germinal area and into the blastoderm, the epiblast in front of the primitive streak rises up so as to form two lateral ridges. These inclose within them the *medullary groove*. Very soon the edges of these two ridges begin to curl up, to produce the *medullary canal* by their final union. The canal is the foundation of the entire adult nervous system. Beneath and parallel with the canal is found the *notochord*, the forerunner of the spinal column. The brain and spinal cord are gradually evolved from the medullary canal by reason of the specialization of some of the cells constituting the walls of the canal.

The *mesoderm* takes its origin from a double source; most of its cells come from the entoderm, but yet some are derived from the ectoderm.

After its formation the mesoderm grows by reason of its own cell-proliferation, and is independent of its dual source. Along either side of the median line the mesoderm presents a thickening of cells (vertebral plate), which becomes laminated laterally (lateral plate). From the vertebral plate develop the *somites;* the lateral plate splits into two lamellæ, of which the outer is the *somatic mesoderm;* the inner, the *splanchnic mesoderm.*

The former unites with the ectoderm to form the *somatopleure,* while the latter unites with the entoderm to form the *splanchnopleure.* Between the somatopleure and the splanchnopleure there is an opening, the *body-cavity,* from which arise the serous cavities of the adult.

Derivatives from the Layers.

Epiblast.—From the epiblast are developed the central nervous system and the epidermal tissues.

Mesoblast.—From the mesoblast arise most of the organs of the body. These include the vascular, muscular, and skeletal systems; also the generative and excretory organs; but not the bladder, the first part of the male urethra, nor the female urethra.

Hypoblast. — The hypoblast is the secretory layer. From it spring the intestinal epithelium and that of the glands which open into the intestines; also the epithelium of the respiratory system, the bladder, the prostatic part of the male urethra, and the entire female urethra.

Up to this point the cavity of the germ is one undivided compartment bounded by splanchnopleure. By infolding of the splanchnopleure this cavity is divided into two smaller compartments of unequal size. The smaller one is the *gut-tract;* the larger, the *yelk-sac,* or *umbilical vesicle.* The communication between the two cavities is the *vitelline duct.*

With the unfolding of the splanchnopleure the somatopleure also follows to form the body-walls of the embryo. Part of the somatopleure becomes so lifted up as eventually to curl up and over the embryo until the fold of one side fuses with that of the other. That is, there is formed the amniotic membrane and cavity. The amnion is a membranous sac consisting of two layers of embryonal cells. The inner layer is composed of ectodermic cells, the outer layer of mesodermic cells. The false amnion, or serosa, comprises all that part of the somatopleure which does not go to form the body-wall and the true amnion. It is also called the primitive chorion and by some authors the chorion. The allantois growing forth from the

gut-tract unites with its inner surface and thus gives it vascularity. It is the outermost envelope of the germ. The amniotic sac is filled with a fluid in which floats the fœtus.

The function of the *yelk-sac* is to furnish nutrition to the embryo for a certain length of time, but is very rudimentary in man. As the yelk-sac disappears by degrees, its place is taken by the *allantois*. The latter then serves as a medium of nutrition and respiration until the formation of the placenta at the end of the third month.

Chorion. — The chorion is the membrane which envelops the ovum subsequent to the appearance of the amnion. It results from the fusion of the allantois and false amnion.

Upon the surface of the chorion are numerous *villi*. At first they are uniform in size, but at the latter half of the first month there develops an area the villi of which are noted for their long prolongations: the *chorion frondosum*. This eventually becomes a portion of the placenta. The remaining villi atrophy and finally disappear.

Placenta.—The placenta is the *nutritive, excretory,* and *respiratory* organ of the fœtus from the third month to the end of pregnancy. It is discoid in shape, one side being attached to the uterine wall, the other becoming attenuated, to end in the umbilical cord, which is the medium of exchange between the placenta and the fœtus. The villi of the chorion frondosum dip down into the mucous membrane of the uterus, to push against the walls of the large vessels found there and whose structure is similar to that of capillaries. The cells comprising the villi act as an osmotic membrane through which osmosis occurs. By this means oxygen and nutritive lymph pass from the mother's blood to that of the fœtus. On the other hand, the fœtal blood gives off carbon dioxide and probably urea. There is no intermingling of the two blood-currents, since there is always a layer of epithelium to act as a limiting membrane.

Fœtal Circulation.—The blood is brought to the body of the fœtus by the umbilical vein. Some of this oxygenated blood passes through the liver to the hepatic veins, to be emptied into the inferior vena cava. The remainder of the umbilical blood passes into the inferior vena cava through the ductus venosus.

The blood, mixed with that which is returned from the lower extremities, enters the right auricle. Guided by the Eustachian valve, it passes over into the left auricle through the *foramen ovale*. The blood now courses through the left ventricle, aorta, the hypogastric and umbilical arteries to the placenta.

The blood is returned from the head and the upper extremities to the right auricle by the superior vena cava. This stream of blood passes through the auricle and auriculo-ventricular opening directly into the right ventricle, guided by the tubercle of Lower. The blood next passes into the pulmonary artery. Some of it (enough to nourish the solid lung-substance) passes to the lungs, but the major portion passes into the aorta through the ductus arteriosus. When in the aorta it takes the course of the blood from the left ventricle to finally reach the placenta. The blood to the lungs returns to the left auricle through the pulmonary veins.

After birth the umbilical arteries are obliterated with the exception of their lower portions, which remain as the superior vesical arteries. The umbilical vein becomes obliterated and remains as the round ligament of the liver. The umbilicals become impervious soon after cessation of the placental circulation.

The foramen ovale closes, thereby cutting off communication between the right and left hearts. By the second or third day the ductus arteriosus has also become obliterated, to be present in adult life as the ligamentum arteriosum.

These changes in the circulatory apparatus are dependent upon the establishment of pulmonary respiration at birth. The first inspiration is said to be due to a sensory *reflex* from the colder air striking the sensory skin filaments of the chest and abdomen. After the cord is tied there soon follows an increase of CO_2 in the blood. By its presence the activities of the respiratory center of the medulla are instigated. However, the various centers are but feebly irritable at birth and require somewhat heroic stimulation to bring out their activities. This feebleness accounts for the remarkable vitality of the infant and its intense resistance to asphyxiation.

LITERATURE CONSULTED.

Heisler's "Embryology."

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